



# BOARD OF COMMISSIONERS

1 S. Main St., 9th Floor  
Mount Clemens, Michigan 48043  
586-469-5125 FAX 586-469-5993  
macombcountymi.gov/boardofcommissioners

## HEALTH SERVICES COMMITTEE

THURSDAY, SEPTEMBER 11, 2008

### AGENDA

1. Call to Order
2. Pledge of Allegiance
3. Adoption of Agenda
4. Approval of Minutes dated May 8, 2008 (previously distributed)
5. Public Participation
6. Informational Report on Martha T. Berry (mailed)
7. Continue Agreement with Child Advocacy Center (Care House) (mailed)
8. Report from Water Quality Board (mailed)
9. Prosecutor's Environmental Unit Report for August, 2008 (mailed)
10. S.W.I.M. Team Report for July, 2008 (mailed)
11. Authorize Health Department to Accept a Michigan Energy Efficiency Grant (mailed)
12. Report from Health Department on Implementation of 2008-09 Flu Program (mailed)
13. Progress Report Re: Animal Shelter (mailed)
14. New Business
15. Public Participation
16. Adjournment

**MEMBERS:** DeSaele-Chair, Camphous-Peterson-Vice-Chair, Rocca, J. Flynn, Roberts, Torrice, Switalski, Drolet, Rengert, Mijac, Brdak, Gielegghem, Doherty and Crouchman (ex-officio)

## MACOMB COUNTY BOARD OF COMMISSIONERS

William A. Crouchman  
District 23  
Chairman

Dana Camphous-Peterson  
District 18  
Vice-Chair

Leonard Haggerty  
District 21  
Sergeant-At-Arms

Andrey Duzyj - District 1  
Marvin E. Sauger - District 2  
Phillip A. DiMaria - District 3  
Jon M. Switalski - District 4  
Susan L. Doherty - District 5

Joan Flynn - District 6  
Sue Rocca - District 7  
David Flynn - District 8  
Robert Mijac - District 9  
Philis DeSaele - District 10

Ed Szczepanski - District 11  
Peter J. Lund - District 12  
Don Brown - District 13  
Brian Brdak - District 14  
Keith Rengert - District 15

Carey Torrice - District 16  
Ed Bruley - District 17  
Paul Gielegghem - District 19  
Kathy Tocco - District 20

Betty Slindé - District 22  
Sarah Roberts - District 24  
Kathy D. Vosburg - District 25  
Leon Drolet - District 26

RESOLUTION NO. \_\_\_\_\_

FULL BOARD MEETING DATE: \_\_\_\_\_

AGENDA ITEM: \_\_\_\_\_

**MACOMB COUNTY, MICHIGAN**

RESOLUTION TO Receive and file Informational Report on Martha T. Berry

INTRODUCED BY: Commissioner Philis DeSaele, Chairperson, Health Services Committee

**COMMITTEE/MEETING DATE**  
Health Services 9-11-08

## **Main Identity**

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**From:** "Daria Wilson" <Daria.Wilson@macombcountymi.gov>  
**To:** <desaele@wideopenwest.com>  
**Sent:** Thursday, August 28, 2008 2:59 PM  
**Subject:** Mr. Rivlin (lives in Oak Park) (248) 613-2181

Item Type: Phone

Caller: Mr. Rivlin (lives in Oak Park)

Phone: (248) 613-2181

☒ Telephoned      ☒ Please Call  
☐ Will Call Again      ☐ Returned Your Call  
☐ Wants to See You      ☐ Came to See You  
☐ Urgent

Hi Philis:

This gentleman says his son is interested in purchasing Martha T. Berry  
- Bill requested that this information be forwarded to you and Dave  
Diegel.

Daria

Daria L. Ross  
Secretary to the Chairman  
Macomb County Board of Commissioners  
1 South Main, 9th Floor  
Mount Clemens, MI 48043  
[Daria.Wilson@macombcountymi.gov](mailto:Daria.Wilson@macombcountymi.gov)  
586.469.5711  
586.469.5993 (FAX)  
[www.macombcountymi.gov/boardofcommissioners](http://www.macombcountymi.gov/boardofcommissioners)

\_\_\_\_\_ Information from ESET NOD32 Antivirus, version of virus signature database 3397  
(20080828) \_\_\_\_\_

The message was checked by ESET NOD32 Antivirus.

<http://www.eset.com>

*Distributed*  
9-11-08

9/2/2008

**Main Identity**

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**From:** "Sam Gizzi" <samgizzi2@comcast.net>  
**To:** <desaele@wideopenwest.com>  
**Cc:** <bill.crouchman@macombcountymi.gov>  
**Sent:** Thursday, August 28, 2008 10:43 AM  
**Attach:** RESUME SAM GIZZI.doc  
**Subject:** Martha T Berry Facility

Hi Philis,

Thank you for getting back with me so quickly on the Martha T Berry facility.

I am very interested in establishing a relationship with Macomb County.

Attached per your request is a copy of my resume. As you can see, I have a very long history of financial improvement in a hospital and health care setting. I am also very experienced in employee health care plan cost savings.

I would like to help the county out with Martha T Berry. I think I could spend a couple of months at the facility reviewing the financials, contracts and operations and make some recommendations on how to save money. While I will look at employee expenses, my focus will not be on reducing the number of employees. Anybody can do the math on those issues. Instead, I will be looking at ways to improve revenues, payments, change contract terms, reorganize expenses or collecting new unaccounted for money that will help profitability.

I would charge \$85 per hour and that would cover all of my salary and benefit expenses other than travel (if that would be needed). I think it would take a couple of months to dig into the details in order to get a good feel for what is going on at the facility. Over the years I have found that the devil is always in the details and big consulting firms do not spend the time in the details. Also, I would be a fresh pair of experienced eyes and I could report an unbiased opinion. My fee would be a very small price to pay for a facility that is losing so much money. I will probably save the County much more than what my fee will be. If I determine that there is nothing that can be done other than reorganizing labor costs, then I will conclude my work earlier than that unless directed to continue in that direction.

Thank you again,

Sam Gizzi  
586 549-5551

Information from ESET NOD32 Antivirus, version of virus signature database 3395  
(20080828) \_\_\_\_\_

The message was checked by ESET NOD32 Antivirus.

<http://www.eset.com>

# **SAM GIZZI**

22578 Ardmore Park Drive, St. Clair Shores, MI 48081, (586) 549-5551

## **EDUCATION:**

1986 **WAYNE STATE UNIVERSITY**, M.B.A. Finance and Information Systems

1975 **MICHIGAN STATE UNIVERSITY**, B.A., Institutional Management

1979 **EASTERN MICHIGAN UNIVERSITY**, Accounting

**Computer experience** - I have extensive experience with Microsoft Office, Word, Excel, Access and Windows.

**CPA EXAM** completed in May of 1982.

## **EXPERIENCE:**

### **THERAMATRIX PHYSICAL THERAPY NETWORK, *VP Managed Care Operations*—Aug 2007 to Jul 2008**

Responsible for all aspects of a physical therapy carve out managed care operation providing services to automotive clients and UAW members. Responsibilities included: client service, employee staffing, information systems, new business development, utilization management, clinical quality assurance, network development, credentialing, provider service and members services.

Developed a nationwide network of physical therapy providers.

Developed computerized financial and statistical modeling to evaluate client employee health care utilization and cost savings.

### **DETROIT MEDICAL CENTER, *Financial Administrator (CFO) DMC Health Plans* – Nov 2001 to July 2006**

Chief financial executive over all of the DMC owned health care plans. These health care plans included: Children's Choice, a Medicaid special health care plan; DMC Clinic Plan, a Medicaid health care plan; DMC Care, a commercial PPO and employee health care plan and Health Source, a full risk health care plan which provided care for Wayne County indigent patients.

Responsible for managing the financial relationship of all the DMC managed care HMO and PPO contracts. This line of business had total net payments to the DMC of over \$500 million per year.

Developed and managed a team of highly skilled financial personnel (CPA, MBA, PhD, JD) to perform computerized financial and statistical modeling, accounting and analysis for full risk managed care contracts covering over 110,000 lives. This greatly improved financial reporting and decision making. It also resulted in better financial terms and conditions with contracts.

Restructured a full-risk HAP contract to eliminate a \$14 million annual operating loss.

Recovered approximately \$5 million in reinsurance reimbursements covering multiple years and programs.

Increased reimbursement by \$10 million to DMC's Medicaid Clinic Plan by renegotiating multiple year risk-sharing settlements with the state of Michigan and recovering reinsurance reimbursement from third party contracts.

Implemented new cost finding accounting techniques, which identified \$2.4 million in additional reimbursement for administrative expenses related to cost-reimbursed health care plan operations. This new cost finding approach resulted in annual going-forward reimbursement improvements of about \$400,000 per year. It also improved the relationship with the state.

Restructured the DMC employee health care benefit program, which resulted in cost saving of \$10 million per year.

### **HEALTH CARE TECHNOLOGIES, INC., *Health Care Consultant* - May 2000 to Nov 2001**

Contract health care consultant specializing in: health care finance, managed care, network development, health care reimbursement, strategic planning, credentialing and quality management.

Provided managed care and financial services to the Detroit Medical Center, DMC Care and Children's Choice.

## **Sam Gizzi**

### **AMERICAN FAMILY CARE (MOLINA HEALTH PLAN MI), *Chief Executive Officer*; Sept 97 to Oct 99**

Developed a startup HMO from initial concept, incorporation, financing, licensing, development, operation and merger.

Responsible for developing all aspects of a healthcare plan contracted with the State of Michigan to provide a full range of medical services to Medicaid recipients. Responsibilities included: employee staffing, management information systems, finance, marketing, clinical quality assurance, provider credentialing, network development, patient care and medical records.

Increased the Plan membership to over 28,000 members in one year.

Developed a network of approximately 2,500 physicians and 30 hospitals servicing Plan members in 40 Michigan counties.

Michigan's first managed health care plan focused on serving both urban and rural communities.

Coordinated the merger of two regional healthcare plans into one statewide entity.

### **MOUNT CLEMENS GENERAL HOSPITAL, *Director of Managed Care* - May 1990 to Sept 1997**

Organized and developed a fully integrated multi-specialty physician and hospital network. This network was comprised of approximately 75 primary care physicians and 150 specialty care physicians. The network provided medical services to over 17,000 assigned members under five capitated managed health care contracts.

Personally designed, developed and implemented a managed care computer system designed to report utilization by participating physician based upon actual paid claims and to also estimate an accrual for incurred services not yet paid (IBNR).

Developed and implemented marketing programs for both the private and government sector that was designed to increase managed care business for the system.

Increased third party reimbursement \$1.8 million per year through renegotiated hospital DRG payment rates with Medicaid, Blue Care Network, Blue Preferred PPO and other major HMO and PPO programs.

Responsible for negotiating all hospital and physician contracts with managed care HMO and PPO plans.

Reviewed the employee health care expenses, which resulted in a retroactive cost recovery of \$260,000 from Blue Cross.

Introduced managed care programs as a benefit option to employees resulting in annual savings of about \$300,000.

### **DETROIT MEDICAL CENTER, *Corporate Reimbursement Coordinator*; Nov 1986 to May 1990**

Coordinated the review of the reimbursement practices for the seven DMC Hospitals. This process identified \$12 million dollars in potential improvements to net income through reimbursement reporting changes. This process also identified areas of lost reimbursement and additional enhancements to cash flow.

Responsible for initiating a change in Michigan's Medicaid payment methodology for calculating reimbursable outpatient medical education costs which resulted in a net increase in reimbursement to the DMC hospitals of approximately \$7 million.

One of eight members of the DMC's Blue Cross Contract Negotiating Committee. Responsibilities included: developing and coordinating the DMC's action plan, financial impact analysis and the development of contract negotiation strategies.

Special projects included: a reimbursement impact study for reorganizing University Health Center outpatient clinic operations; and consolidation and reorganization of laboratory operations between the seven affiliated DMC hospitals.

Chairman of the DMC Reimbursement Committee and a member of the HFMA Reimbursement Committee.

Responsible for the DMC corporate cost report and audit.

## **Sam Gizzi**

### **ST. JOHN HEALTH SYSTEM, *Manager of Budget and Financial Analysis* - Nov 1983 to Nov 1986**

Directed the budgeting and financial analysis function of a multi-corporate organization, which included a 547-bed hospital, an outpatient clinic, a renal dialysis center and a 60-bed alcohol detoxification and rehabilitation facility.

Responsibilities also included price setting and rate analysis.

Personally designed, developed and implemented a computer based budgeting system.

Created a computerized reporting system for budget control over manpower costs.

Developed a computer program to cost out hospital services on a DRG basis for St. John, Oakwood and Beaumont hospitals, for use by Select Care for HMO rate filings with the State and PPO competitive pricing to area employers.

### **HENRY FORD HEALTH SYSTEM, *Senior Financial Analyst* - May 1979 Nov 1983**

Developed all aspects of the annual operating budget using computer based financial modeling systems.

Developed a computerized reporting system that categorized the hospital's inpatient revenues and related expenses into DRG grouping. This system tracked resource utilization by physician, third party payor and cost report line.

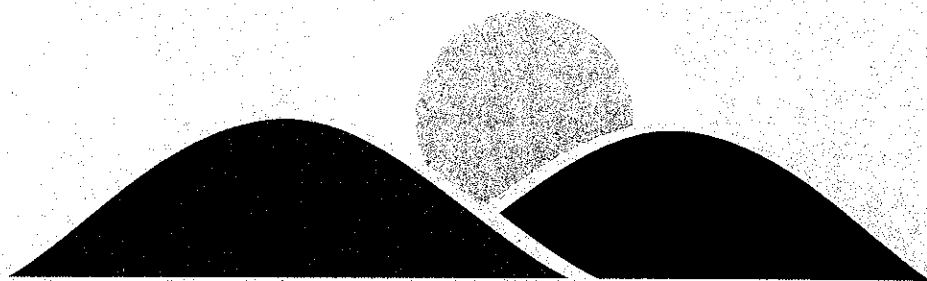
Created a computerized statistical database for use in analyzing patient utilization of hospital and clinical facilities.

Performed cost accounting studies used for capitation contract negotiation with HMOs.

## **BOARD OF DIRECTOR POSITIONS**

<b>2004 – 2006</b>	<b>Health Source – Treasurer-</b> Health care plan owned by DMC serving the indigent population of Wayne County
<b>1997 – 1999</b>	<b>Molina Health Plan of Michigan – Board Member-</b> Medicaid health care plan serving 40 counties in Michigan
<b>1997 – Present</b>	<b>Good Health Technologies–President-</b> Developers of health care plans including Molina Health Plan Michigan
<b>2005 – 2006</b>	<b>Metro TPA – Treasurer -</b> Third Party Administrator company owned by DMC that pays medical claims and performs utilization management services for employer owned, self-funded, health care plans
<b>2006 – Present</b>	<b>Ardmore Park South Canal Association - Treasurer –</b> This Board manages the waterway and navigation for the subdivision canal on Lake St. Clair in Michigan.
<b>2006 – Present</b>	<b>Ardmore Park Subdivision - Treasurer –</b> This Board provides management for subdivision & park

# TRADITIONS MANAGEMENT



New Views on Senior Living

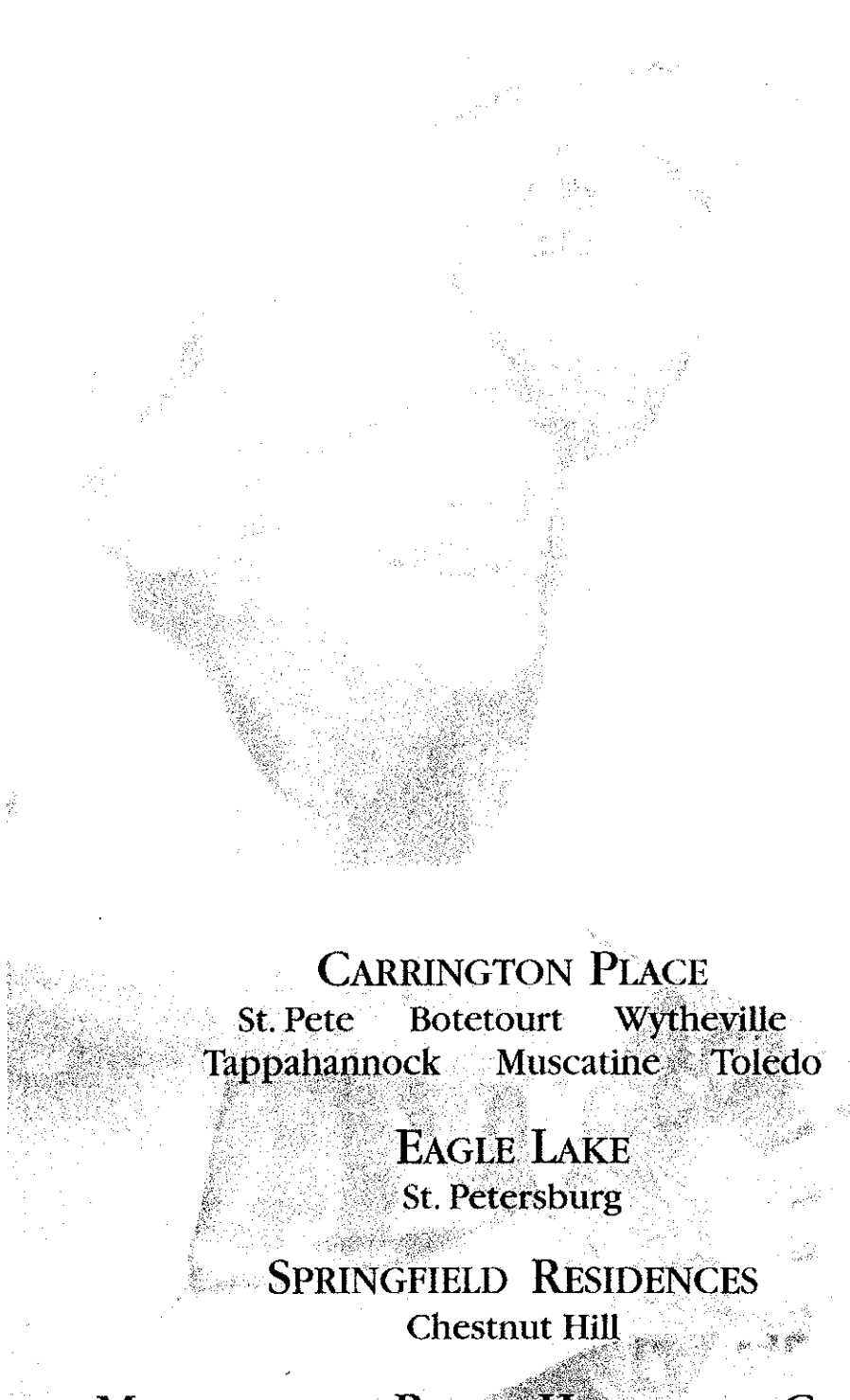




TRADITIONS MANAGEMENT

NEW VIEWS ON SENIOR LIVING

*Experience the Difference*



CARRINGTON PLACE

St. Pete   Botetourt   Wytheville  
Tappahannock   Muscatine   Toledo

EAGLE LAKE

St. Petersburg

SPRINGFIELD RESIDENCES

Chestnut Hill

MONTGOMERY REHAB HOSPITAL & CENTER

Chestnut Hill

*Our residents come first...*



*Then we focus on our staff...*



*Our belief is that success will follow...*





**BEN ATKINS, MA, CNHA, CPHRM** *President, Chief Executive Officer*

Mr. Atkins earned a Bachelor of Science and Master in Gerontology from the University of South Florida. He is a Certified Nursing Home Administrator and a Certified Professional in Healthcare Risk Management. He is licensed to practice in both Florida and Virginia. Mr. Atkins began his career as a Regional Accountant, responsible for four Assisted Living Facilities and two Skilled Nursing Homes. Next, Mr. Atkins supervised the operations of a 120 bed Skilled Nursing Home for Angel Care/Meadowbrook Healthcare. Interested in utilizing his entrepreneurial skills, he left this employer and co-founded and co-owned Total Rehab South, (TRS). He supervised operations, growing this company's revenues to more than three million dollars in one year. TRS was sold to In House Rehab, a company that was OTC-listed. After the company buyout, Mr. Atkins served as Vice President for one year. Then, Mr. Atkins opened Key Rehab Inc., Key LTC Management, and Independent Therapy Center. As the majority stockholder of these organizations, he directed operations in five states and held several appointments by the Florida Circuit Court as a Receiver. Currently, he is the CEO of Traditions Management, and the owner/operator of many Independent Living, Assisted Living and Skilled Nursing Facilities across the United States, as well as a hospital in Philadelphia, PA. Mr. Atkins continues to devote his time and professional talents to the advancement of the health care industry.



**MARYA J. MORRISON** *Chief Financial Officer*

Ms. Morrison earned her Bachelor in Accounting from the University of South Florida. Her impressive health care experience began in the Nursing Home industry in 1987 at Multicare Management Services in Hackensack, New Jersey. Ms. Morrison advanced quickly from a staff accountant to company controller. Her responsibilities included the financial supervision of twenty skilled nursing facilities. Subsequent to her departure Multicare Management became Genesis Healthcare, a publicly traded company with nursing homes throughout the United States. Ms. Morrison went on to served as Regional Director of Accounting for Southern Management Services, a large, prestigious Long-Term Care Company in Florida. Her expertise in reducing bad debt and implementing accounting systems has been a key to her success. As Director of Finance for another large private healthcare company, she managed the construction accounting and AIA forms for Independent Living, Assisted Living and Skilled Facilities. In addition, she supervised the day-to-day accounting operations of the company's twenty Assisted Living Facilities. Ms. Morrison is extremely knowledgeable in the areas of medical billing, cost reporting, budgeting, Managed Care and Medicare/Medicaid. Currently, she is Chief Financial Officer of Traditions Management, and the owner/operator of many Independent Living, Assisted Living and Skilled Facilities across the United States, as well as a hospital in Philadelphia, PA. Her professionalism and expertise in financial matters are highly respected throughout the health care industry.



**ADAM GARFF** *Vice President of Development*

Prior to joining Traditions Management, Mr. Garff worked for a regional healthcare development and investment firm. During that time, he assisted in the development and/or acquisition of twenty-five senior housing projects valued at more than one hundred million dollars, including the development of nine new nursing homes. Mr. Garff's eight years of real estate experience enhances his ability to recognize truly valuable market opportunities. He has broad experience in all aspects of healthcare development that includes: certificate of need procurement, site selection and entitlement, budgeting, financial modeling, project management and financing. Using his expertise in market analysis, which he gained from a Bachelor in Economics at Brigham Young University, as well as from many years of experience in analyzing real estate markets, Mr. Garff has developed a refined methodology that projects senior housing need for all levels of the retirement continuum. Mr. Garff is also held in high esteem in the health care industry for his ability to lead the way in targeting and executing key objectives that are necessary to grow a company and has been instrumental to the success of Traditions Management in this area. Currently, Mr. Garff is the Vice President of Development for Traditions Management, and the owner/operator of many Independent Living, Assisted Living and Skilled Facilities across the United States as well as a hospital in Philadelphia, PA. Mr. Garff is widely recognized for his ability to grow companies, to increase their market share, and to substantially contribute to the overall financial success of a business.



**EUGENE RENSCH, RETIRED MSGT, USMC** *Vice President of Ancillary Operations*

Mr. Rensch retired from the United States Marine Corp with twenty-three years of service. He has traveled the globe in more than eighty countries, by air, land, and sea. Retiring from his second tour as Senior Enlisted Aide to the Commander in Chief of United States Central Command, his awards include: Joint Service Commendation, two Navy Commendations, two Navy Marine Corps Achievements, Kuwait Liberation, Southwest Asia Service, Good Conduct with Silver and Bronze Star, Marine Corps Expeditionary, National Defense, Humanitarian, Sea Service Deployment with two Bronze Stars. Military duties also included Senior Aide to two former Commandants of the Marine Corps, Manpower and Reserve Affairs and the head of formal training to all General Officer Aides for all the Marine Corps. Mr. Rensch brings his many years of exemplary leadership and organizational skills to Traditions Management. His multicultural experiences enable him to understand the needs of seniors from all backgrounds and to assist in planning operational and outreach services within the communities. He has excellent skills in overall operations management. We are honored to have a man of such fine character as part of our team at Traditions Management.

**JOSE SEDA** *General Counsel*

Mr. Seda has represented insurance companies, financial institutions, healthcare providers, hospitals, and government agencies nationwide. Most recently, he served as an attorney with the United States Department of Homeland Security. Mr. Seda was a partner with a large national firm and counsel to a Wall Street firm. As a Professor of Law, Adjunct to the College of Law at Florida A&M University, Mr. Seda has taught numerous law courses in health care law and elder law. Over the years, Mr. Seda has also taught Medicaid fraud investigators, sworn law enforcement officers and college students. He has guest-lectured at law schools. Mr. Seda has served on numerous not-for-profit boards and professional associations, and has written and lectured on many topics. An example is "U.S. Supreme Court Decisions and The American with Disabilities Act", to

the international annual convention of the Association for the Advancement of Science. Denver, CO (2003) Another example is "Defensive Charting: Minimizing Frivolous Law Suits in the Nursing Home Health Care Setting through Proper Documentation Practice", to Pinellas County Association Director of Nursing Administration/Long Term Care, Inc., St. Petersburg, FL (2004) Yet another example is "HIPAA: Security Requirements" to the Society for Radiation Oncology Administrators, Conference in Orlando, FL (2005). Mr. Seda has a Juris Doctorate in Law from the University of Colorado, College of Law. In addition, Mr. Seda has a B.S. in Criminology from Florida State University, a Masters in Public Administration from the University of North Florida, and worked on a Ph.D in Public Administration and Management Science at Virginia Polytechnic Institute and State University. At Traditions Management, we rely on Mr. Seda for legal counsel regarding a wide variety of issues.

**VICTOR GAMBONE JR., MD, FACP, CMD** *Corporate Medical Director*

After establishing a private practice in Dunedin, Florida in 1978, Dr. Gambone served as Chairman of the Department of Internal Medicine and an Officer of the Medical Executive Committee of Morton Plant Mease Health Care. He was one of the first physicians in the nation to receive certification as a specialist in geriatric medicine. Dr. Gambone is also a Certified Medical Director (CMD) by the American Medical Directors Association. He is a Fellow in the American College of Physicians (FACP) and Diplomate of the American Board of Quality Assurance and Utilization Review Physicians. He has advised health insurers, nursing facilities, quality improvement organizations and home health agencies. In 2000, Dr. Gambone was appointed by the Secretary of Health to serve as medical expert for the Agency for Health Care Administration in the State of Florida. He presently serves as a medical

consultant for Medicare's Nursing Home Quality Initiative in Florida. Dr. Gambone is a member of numerous professional organizations. He is the immediate past president of the Florida Medical Directors Association. Dr. Gambone practices exclusively in the long-term care setting. He works collaboratively with Advanced Registered Nurse Practitioners (ARNP) in providing on-site medical services. Dr. Gambone is board certified in both Internal Medicine and Geriatric Medicine from the University of South Florida and is dedicated to serving the healthcare needs of the elderly population.

**GERARD DAHILL, NHA, MHSA** *Vice President of Operations*

Mr. Dahill has more than eighteen years of administrative experience in hospitals, assisted living, and skilled nursing facilities in New York, New Jersey, and Florida. He holds a Masters in Health Services Administration from the University of St. Francis in Joliet, Illinois, and has served as an Adjunct Professor in the field of Health Care Administration since 2003. A licensed Nursing Home Administrator in the State of Florida since 1996, Mr. Dahill brings a vast amount of administrative experience to Traditions Management and is knowledgeable in compliance issues that impact the operations of our facilities.

**CYNTHIA CONKLE, RN, MBA** *Vice President of Clinical Operations*

Ms. Conkle has more than thirty years of experience as a RN and has held various clinical nursing staff, supervisory, and management positions in intensive care, cardiac care, emergency care, home health care, blood banking, and long-term care. She has provided technical assistance to professional and product liability underwriters, healthcare facilities, and other healthcare providers. She has designed and implemented quality and risk management programs for state and medical associations, large physician groups, hospitals and nursing homes. Ms. Conkle has published many articles. In fact, her "Diagnosis Disaster!" project won an "Award of Excellence" from the Insurance Marketing Communications Association. She has served as a Board Member for the Florida Medical Malpractice Claims Council-West Coast and the Minnesota Society of Healthcare Risk Management. Ms. Conkle is

able to take complex risk and care issues and develop simplified, effective interventions to decrease risks and improve care. She received her RN degree from St. Joseph's Hospital School of Nursing and graduated from Leo College with a Bachelor of Arts in Psychology. She received an Associate in Risk Management designation from the Insurance Institute of America and an MBA from St. Leo University. Ms. Conkle is RAC-C by the American Association of Nurse Assessment Coordinators and is a Certified ALF Administrator in Florida. Also, she is a Licensed Healthcare Risk Manager in Florida.

**GWENN SAN MARCO, NHA** *Vice President of Operations*

Ms. San Marco earned a degree in Health Care Administration from St. Petersburg College. For ten years, she served as Executive Director of Brandon Health & Rehab in Brandon, Florida where she successfully managed the overall operations of this 120 bed facility. Ms San Marco's leadership skills translate into supervised facilities that exceed regulatory and operational standards and surpass revenue projections. A recipient of many professional awards, she currently serves as an American Health Care Association Quality Award Senior Examiner for Step One and Step Two. A past District President and Board member of the Florida Health Care Association, Ms San Marco presently serves on various committee organizations. She also served as President and Vice President for the City of St. Petersburg Office on Aging Committee. An outstanding contributor to the

health care industry, Ms San Marco's leadership and team building skills will ensure that our organization goals are met.

# COMPREHENSIVE ACCOUNTING

- ▲ Skilled Nursing and Assisted Living Billing
- ▲ Accounts Receivable Collections
- ▲ Accounts Payable
- ▲ Cash Flow Analysis
- ▲ Balance Sheet
- ▲ Income Statement
- ▲ General Ledger and Analysis
- ▲ Cost Report Preparation
- ▲ HUD Requirement Filings
- ▲ Construction Management "AIA Documents"
- ▲ Payroll Processing
- ▲ Automated Time Clock and Scheduling
- ▲ Monthly Summary Reports
- ▲ Quarterly Summary Reports
- ▲ Annual Revenue and Expense Reporting



## RISK MANAGEMENT

- ▲ Insurance Management
- ▲ Litigation Tracking And Management
- ▲ Loss Prevention Systems
- ▲ Resident And Family Grievance Policies

## OPERATIONAL ENHANCEMENT

- ▲ Daily Census Monitoring
- ▲ Daily Staffing Monitoring
- ▲ Monthly Facility Goal Setting
- ▲ Strategic Weekly Reviews
- ▲ Organizational Overviews
- ▲ Budgetary Compliance Standards
- ▲ Purchasing Alignments
- ▲ Revenue Growth Programs
- ▲ Inventory Tracking and Analysis



- ▲ Quarterly Market Studies & Pricing Analysis
- ▲ Strategic Relationship Building
- ▲ Comprehensive Daily Controls
- ▲ Monthly Goal Incentive Plans
- ▲ Daily Result Reporting
- ▲ Long Range & Short Range Planning
- ▲ Out Of The Box Strategies
- ▲ Custom Team Building
- ▲ Customer Retention Strategies



## DEPARTMENTAL MANAGEMENT

- ▲ Food Service Price Control
- ▲ Menu Development
- ▲ Food Quality Enhancement
- ▲ Detailed Housekeeping Inspections
- ▲ Maintenance Preventative Reporting
- ▲ Resident Survey Systems
- ▲ Family And Friends Surveys
- ▲ Staff Survey Systems
- ▲ Union Prevention and Education
- ▲ Staff Seniority Programs

## AREAS OF EXPERTISE

- ▲ 25 Years of Experience
- ▲ Skilled Nursing Facilities
- ▲ Retirement Communities
- ▲ Assisted Living Facilities
- ▲ Memory Impairment Facilities
- ▲ Hospitals
- ▲ Rehabilitation Centers
- ▲ Psychiatric Facilities
- ▲ Physician Practices





September 10, 2008

VIA EMAIL [desaele@wideopenwest.com](mailto:desaele@wideopenwest.com)  
Commissioner Philis DeSaele  
42430 Utica Rd.  
Sterling Heights, MI 48314

Re: Martha T. Berry Nursing Facility

Dear Commissioner DeSaele:

With the Macomb County Commissioners considering options for the future of the Martha T. Berry nursing facility, Ciena Healthcare Management Inc. ("Ciena") is interested in providing the County with a proven and tested solution that will address the needs of the residents and employees of Martha T. Berry and provide immediate relief to the budgetary shortfall of the County. As discussed below, Ciena believes it is uniquely qualified to provide Macomb County a workable solution based on its recent successful experience of assuming operations of the Golden Oaks nursing home owned by Oakland County that provided Oakland County with substantial savings to annual subsidies being provided to their facility.

#### **Background on Ciena Healthcare**

With over 3,500 skilled nursing beds, Ciena comprises one of the largest privately-owned operators of skilled nursing facilities in Michigan. All of our 32 skilled nursing facilities are located in Michigan with two facilities located in Macomb County (St. Anthony Healthcare Center and St. Mary's Nursing and Rehab Center). Ciena's portfolio of nursing facilities are located in urban, suburban and rural markets and each facility is tailored to provided care to the needs of the residents in the communities they serve. Unlike other larger nursing home operators, Ciena nursing facilities are dually certified for Medicaid and Medicare participation and Ciena is one of the largest providers of Medicaid skilled nursing care in state.

Ciena's mission is to change the environments where skilled nursing services are provided. Gone are the days of the institutional nursing homes and we are focused on providing nursing residents with spacious home-like environments characteristic of assisted living facilities. Ciena has built four new facilities in the last three years that provide a home-like environment designed to accommodate a range of skilled nursing residents. Instead of grouping short-term rehab patients in with long-term skilled nursing patients, each of these facilities are separated into two distinct facilities with separate entrances, dining areas, and common spaces. Each facility features a variety of gathering spaces, including an ice cream parlor, a family dining room, several sitting areas, and a children's play room, a chapel, a beauty shop, and a library.

*Distributed 9-11-08*

Ciena is also committed to investing in its existing nursing facilities infrastructure. In 2008 alone, almost \$6 million will be invested in capital improvements and infrastructure upgrades that included additions of private resident rooms, expansion of rehabilitation areas and the installation of fire suppression sprinklers. Ciena will continue to invest in its facilities through renovations, upgrades and complete replacement of aging facilities where renovations are not practical.

### **Oakland County's Golden Oaks County Facility**

Golden Oaks is a county owned facility located on Oakland County's county complex in Pontiac with 120 licensed skilled nursing beds all of which are dually certified to treat Medicaid and Medicare residents. Faced with yearly operating losses ranging from \$2-\$3 million a year and projected to be over \$12.5 million over five years, Oakland County sought options concerning the future of Golden Oaks including closing the facility. The County sought proposals in 2006 that would maintain the services provided to current residents, increase the quality of care for residents, maintain the access to care for Medicaid residents and reduce or eliminate the county's operating on-going losses.

Ciena's proposal was chosen among others because it best accomplished the County's objectives and Oakland County wanted to contract with an experienced long term care provider and manager with substantial resources to accomplish the county's goals.

Ciena, through a separate limited liability company named Northern Oaks, assumed everyday operating responsibility of Golden Oaks in June 2007 by way of a management agreement executed with the County. For a period of three years, Northern Oaks will operate and manage although the facility is still owned by Oakland County. Northern Oaks and Ciena assumed all operating responsibility for the facility including funding of all losses and realizing profits from operations. Northern Oaks hired the county staff of Golden Oaks at the same pay and substantially similar benefits. Almost all employees were rehired except for individuals who chose to transfer to other county positions within the county. Northern Oaks must maintain the dual certified Medicaid and Medicare status of the facility at all times. Northern Oaks fee for services is a fixed price of \$500,000 a year.

Within three years, Northern Oaks has agreed, at its sole expense, to apply for a certificate of need to replace the entire facility with a new building located in the general area. All residents of the facility will be able to relocate to the new building and Northern Oaks has agreed the new facility will be certified for Medicaid participation. Upon relocation of the nursing beds to the new location, Northern Oaks will be transferred ownership of such beds and the facility will be considered privately owned by Northern Oaks.

After more than a year of assuming operations, the Golden Oaks arrangement has been a major success. The quality of care for residents has increased as is evidenced by the best survey results the facility has had in years. Ciena has actively managed the costs of the facility and provided the county with a fixed amount that represents a substantial



savings to taxpayers. The Oakland County executive team and the Director of Health and Human Services for Oakland County would serve as references for the Golden Oaks arrangement.

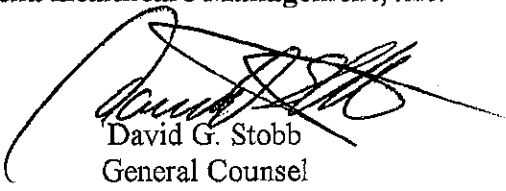
### **Proposal for Martha T. Berry**

Ciena believes an approach that benefits the residents and employees of the facility and substantially reduces the County's subsidy to operations is optimal and is achievable based on our experience with Golden Oaks. In general terms, Ciena proposes the following:

- Ciena<sup>1</sup> would assume operational and management responsibility of the facility for a period of 36 months. Ciena would utilize this time to reduce and eliminate losses from operations.
- Ciena would hire the employees of the facility at substantially similar rates of pay and benefits.
- The facility will continue to have 100% of its beds dually certified for Medicare and Medicaid participation.
- Ciena will assume any operating losses of the facility and be entitled to any profits of the facility, if any.
- Ciena would charge the County a fixed management fee over the 36 month period. Without having seen or reviewed any financial information from the facility, Ciena cannot at this time provide an estimate of this fee but the fixed fee would represent a substantial and immediate savings to the County.
- At the end of the 36 month period, Ciena would lease the facility from the County at a fair market rental rate at which time the facility would become revenue producing to the County.
- No certificate of need will be necessary for Ciena to assume operations allowing for a quick execution of a contract and assumption of operation by Ciena.

The Ciena team welcomes the opportunity to meet with representative of the County and Commissioners to answer questions concerning our proposal and our experience in Oakland County. We look forward to any such discussions.

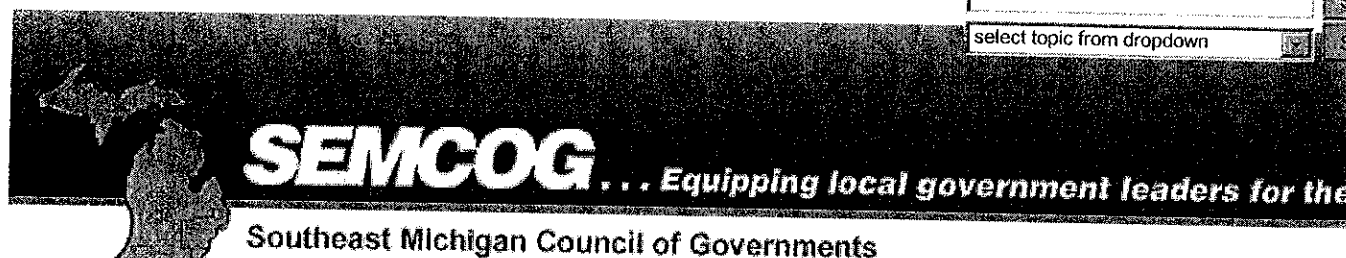
Very Truly Yours,  
**Ciena Healthcare Management, Inc.**



David G. Stobb  
General Counsel  
(248) 386-0300 ext 254

cc Mohammad Qazi

<sup>1</sup> The operating entity will be a limited liability company controlled by Mohammad Qazi, the sole shareholder of Ciena and the operating entity will have a management agreement with Ciena.



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## SEMCOG News Release

April 2, 2008  
 For immediate release

Contact: [Dave Boerger](#) or [Sue Stetler](#)  
 (313) 324-3427 or (313) 324-3428

### SEMCOG consultant to help members improve local government effectiveness

[Programs and Projects](#)

[Data and Maps](#)

[Services](#)

Dave Boerger has joined SEMCOG, the Southeast Michigan Council of Governments, in the newly created role of Consultant, Local Government Effectiveness and Collaboration. Dave will work directly with SEMCOG members to maximize services and minimize costs.

Boerger has a wealth of experience in the private, public, and academic sectors, including 27 years as an executive with Ford Motor Company; seven years of public service in Orchard Lake (as Mayor, Councilmember, on the Zoning Board of Appeals, Planning Commission, Fire Board, and as a public transit representative); and five years at Kettering University in Flint. He has also performed due diligence and turnaround consulting for private equity mergers and acquisitions.

At SEMCOG, Boerger will assist member local governments in enhancing service effectiveness, operating efficiencies, and intergovernmental cooperation.

"I'm excited about Dave working with our members," said Paul Tait, SEMCOG Executive Director. "A fresh, business-oriented perspective can benefit our members both individually and working cooperatively with their neighbors. SEMCOG had long been an advocate of joint public services, of local governments working together to save money and improve efficiency. This is just an enhancement of those activities. We look forward to local governments using this service."

Visit SEMCOG's Web site for additional information on [local government effectiveness](#). We will be updating and expanding this page soon.

*distributed 9-11-08*

**Boerger** has lived in Orchard Lake since 1991 and in Southeast Michigan since 1973. He has an MBA from the University of Michigan, an engineering degree from General Motors Institute, and executive development training from Duke, MIT, and Stanford.

.....  
SEMCOG is a regional planning partnership of governmental units serving 4.9 million people in the seven-county region of Southeast Michigan striving to enhance the region's quality of life

**SEMCOG**... *Equipping local government leaders for the future*  
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# **RECYCLABLE PAPER**

RESOLUTION NO. \_\_\_\_\_

MEETING DATE: \_\_\_\_\_

AGENDA ITEM: \_\_\_\_\_

MACOMB COUNTY, MICHIGAN

RESOLUTION TO: Continue Agreement in the amount of \$25,000.00 with the Macomb County Child Advocacy Center ("Care House") and refer to the Budget Committee

INTRODUCED BY: Commissioner Philis DeSaele, Chairperson, Health Services Committee

A representative from Care House will be available to make a brief presentation on the contractual services they have provided to Macomb County over the past year related to the investigation, prosecution, and treatment of child physical and/or sexual abuse.

Health Services -- September 11, 2008

\_\_\_\_\_  
\_\_\_\_\_



# Care House

131 Market Street · Mount Clemens, MI 48043 • 586-463-0123 • Fax 586-783-3515 • [www.mccarehouse.net](http://www.mccarehouse.net)

## Board of Directors

**Frank J. Marella, President**  
*Clintondale Board of Education-Retired*  
**Roger Petri, Vice-President**  
*Mac & Ray's Restaurant*  
**Mark Schulte, Treasurer**  
*Lasertec*  
**Sheri L. Milson, Secretary**  
*Community Representative*  
**The Honorable Frank Accavitti, Jr.**  
*State Representative, 42<sup>nd</sup> District*  
**Joseph A. Alcini, Jr.**  
*Tom's Landscape and Nursery*  
**Frank Buscemi**  
*Macomb Community Bank*  
**Gregory A. Buss**  
*Gregory A. Buss, P.C.*  
**Jay Eastman, M. D.**  
*St. Joseph Mercy of Macomb*  
**James Franey**  
*World of Floors*  
**Edward Greenup**  
*Cherf & Greenup, P.C.*  
**Hon. Dawnn Gruenburg**  
*37th District Court*  
**Donald I. Habkirk, Jr.**  
*Macomb County Community Mental Health*  
**Sheriff Mark Hackel**  
*Macomb County Sheriff's Department*  
**Phil Hernandez**  
*Community Representative*  
**Hon. Kathleen Jansen**  
*Michigan Court of Appeals*  
**Thomas Kalkofen**  
*Macomb County Health Department*  
**Chris LaBelle**  
*LaBelle Electric*  
**Hon. Peter Maceroni**  
*16<sup>th</sup> Judicial Circuit Court*  
**Commissioner Anthony V. Marrocco**  
*Macomb County Public Works Commissioner*  
**Hon. Sheila Miller**  
*41-B District Court*  
**Tom Morley, Jr.**  
*President, Functional Food Company*  
**Angelo Nicholas**  
*Director, Macomb County DHS*  
**Hon. Pamela Gilbert O'Sullivan**  
*Macomb County Probate Court*  
**Joseph Peters**  
*Director, UAW Region 1*  
**Stephen T. Rabaut**  
*Law Offices of Stephen T. Rabaut*  
**Larry Rancilio**  
*Rancilio & Associates*  
**Prosecutor Eric J. Smith**  
*Macomb County Prosecuting Attorney*  
**Hon. George Caram Steeh**  
*U.S. District Court*  
**Craig Walworth**  
*H & W Sales*

**Cathy Gordon**  
*Program Director*

**Dorie Vazquez-Nolan**  
*Acting Executive Director*



NATIONAL  
CHILDREN'S  
ALLIANCE  
ACCREDITED  
MEMBER

September 10, 2008

Macomb County Board of Commissioners  
Health Service Committee  
One South Main, 9<sup>th</sup> Floor  
Mount Clemens, Michigan 48043

Dear Commissioner:

Thank you for considering the renewal of the Macomb County contract of \$25,000 with Care House, the Macomb County Child Advocacy Center. I write this letter to provide you with statistical information to aid you in your decision.

Our most complete statistical data that we report to our national organization, the National Children's Alliance (NCA) in Washington, D.C., is for calendar year 2007. We are one of more than 600 child advocacy centers across the nation that reports our statistics to the NCA. The breakdown for calendar year 2007 is as follows:

There were 275 child forensic interviews conducted at Care House in 2007. 91, or 33%, were male, and 184, or 67%, were female. The ages of the children are categorized by 0 – 6 years: 145; 7 – 12 years: 111; and 13 – 17: 19. As you can see, over half of the children are under the age of six. The race/ethnicity is categorized as white: 223, or 81%, black: 18, or 7%, and the remaining 12% included Asian, Hispanic, Native American and multi-racial children. There were 259 suspected sexual abuse victims and 20 suspected physical abuse victims interviewed at Care House, as well as four interviews of children who may have witnessed violence. The alleged abusers included parent/step-parent or other known person (friend or acquaintance): 141; other relative: 67; stranger/other: 26; parent's boyfriend/girlfriend: 29; and unknown: 12.

These statistics mirror closely the National Children's Alliance national statistics. I hope you found this information helpful, and should you have any questions or need further clarification, please contact me directly. I will forward a copy of our latest annual report as soon as it is printed later this fall. I would also like to invite you to tour Care House at any time to see first-hand how the support of Macomb County has aided us in providing quality services to children and families. Again, thank you for your consideration and your past support.

Sincerely,

Dorie Vazquez-Nolan  
Acting Executive Director

*Distributed  
9-11-08*



Children's Trust Fund  
Protecting Michigan's Children

Macomb County Child Advocacy Center, Inc.  
Serving Macomb County families since 1996

Executive Summary:

Findings from the NCAC Cost-Benefit Analysis of  
Community Responses to Child Maltreatment

In the three decades since passage of the Child Abuse Prevention and Treatment Act (1974) a large body of literature demonstrates that child maltreatment has long term negative impacts on children's physical and mental health and that it may also be associated with a host of other social problems including juvenile delinquency and adult criminality. The estimated costs to society from child abuse and its related sequelae are enormous and continue to climb. A report from the Urban Institute recently estimated that costs of government spending on child welfare activities alone were in excess of \$22 billion annually and this figure does not take into account government spending on criminal justice, medical, or mental health services related to child maltreatment.

Since 1985, at least 600 communities across the United States have implemented investigation and treatment programs based on the Child Advocacy Center (CAC) model first developed in Huntsville Alabama as the National Children's Advocacy Center (NCAC). The CAC model promotes an integrated, multidisciplinary, child-friendly approach to the investigation and treatment of child sexual abuse. At the heart of the model is the multidisciplinary team of professionals with expertise in medicine, mental health services, child protection, law enforcement, prosecution, and victim advocacy. Although the CAC model has existed for more than two decades, many communities continue to provide traditional responses to child abuse cases. Unfortunately, traditional responses fail to leverage the full array of services, systems and disciplines commonly involved in the provision of services throughout most CAC communities.

In 2005, the NCAC, funded through a Special Emphasis Grant from the National Children's Alliance, completed work on the first economic evaluation of child advocacy centers. The resulting report provides a review of scholarly studies that have applied economic analysis to costs and benefits from programs seeking to prevent or intervene in child maltreatment. The report also details a cost-benefit analysis undertaken in two counties that use different models of child abuse investigation: One of the counties studied uses the Child Advocacy Center (CAC) model of a multidisciplinary team approach and the other county uses a traditional model of joint investigation by child protection and law enforcement services.

The cost-benefit analysis was conducted to examine the economic and social resources invested in these two different child sexual abuse response protocols and identify the return on investment produced by these protocols. Cost data on salaries, benefits, facilities, and overhead was collected from agency personnel sources and archival accounting records. Benefits data on willingness to pay for perceived CAC benefits was collected from a random sample of taxpayers surveyed in each of the communities. Results of the study suggest that CAC services are an economically efficient means of responding to child abuse. Communities seeking to provide child maltreatment services could leverage scarce dollars through implementing the CAC model.

Highlights from the findings of the NCAC cost-benefit study include:

- On a per-case basis, traditional investigations were 36% more expensive than CAC investigations. The average per-case cost of a CAC investigation was \$2902 compared to \$3949 for a non-CAC investigation, generating a savings of more than \$1,000 per case.

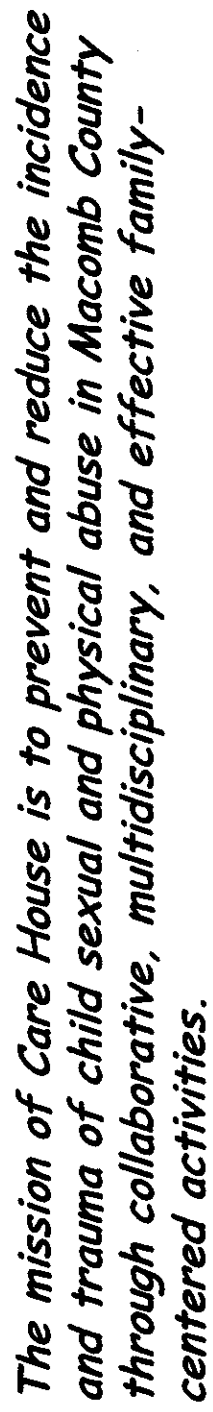
- The total annual operations budget for CAC investigations was 45% higher than that of the total annual operations cost in the non-CAC community. However, on that budget, the CAC multidisciplinary team processed 202% of the average annual investigation caseload compared to the caseload processed in the non-CAC community.
- Annual investigation costs per 1,000 children were 41% lower in the CAC community than in the non-CAC community.
- CAC style investigations result in higher perceived public benefits.
- Taxpayers in both communities placed a greater value on CAC services than on traditional investigations and valued CAC services at more than it actually costs either community to provide such services.
- In the CAC community, the return on investment was found to be \$3.32. CAC-style investigations were valued at between three and eight times the actual cost of providing the service (\$4.99 million in lower bound benefit or \$8.13 million in upper bound benefit vs. \$1.5 million in actual costs).
- In the non-CAC community, taxpayers recognized that CAC-style investigations would provide a return on investment of at least \$1.74. In fact, CAC services were valued at nearly double to almost triple the cost of the traditional services for which taxpayers were already paying (\$1.77 million in lower bound benefit or \$3.02 million in upper bound benefit vs. \$1.01 million in costs).
- Taxpayer willingness-to-pay (WTP) was used as an indicator of perceived CAC program benefit to the community. Taxpayers who identified themselves as white, young, female, with at least a high school diploma were more likely than others to endorse higher WTP values. Taxpayers reporting that they or someone close to them had been abused were willing to pay more for CAC services. Taxpayers who perceived the risk of child abuse as being higher than average within their community also tended to endorse higher WTP values.
- Although economies of scale are recognized as a factor in the determination of actual costs and realized savings, most communities using traditional investigation models would be well-served by determining whether they can provide a more effective child abuse response with a more efficient use of agency resources by switching to a CAC model.

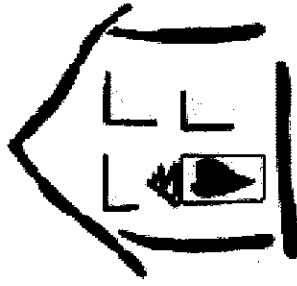
**Project Researchers:** *National Children's Advocacy Center:* Amy Shadoin, Suzanne Magnuson, Lynn Overman; *The University of Alabama:* John Formby, Ling Shao.

For more information on publications, conference presentations, or unpublished manuscripts that provide greater detail on the findings listed above please contact:

Amy L. Shadoin, Ph.D., National Children's Advocacy Center, 210 Pratt Ave. NE, Huntsville, AL 35801.  
Telephone: (256) 327-3799. Email: [ashadoin@nationalcac.org](mailto:ashadoin@nationalcac.org)

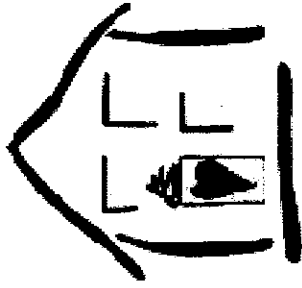






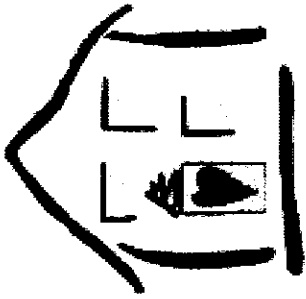
# All About Care House

- Care House is a child-friendly, family-centered facility that centralizes and coordinates the complex investigation, prosecution and treatment of child physical and/or sexual abuse.
- Our goal is to minimize the stress associated with child abuse investigation, help the child and non-offending family members through the prosecution phase and provide support to begin the healing process.



# How Care House Works

- A single, coordinated investigative interview is conducted by experienced, fact-finding specialists who have established a trusting relationship with the child.
- The child needs to disclose his or her story about the abuse only once instead of multiple times in a number of different settings.
- Professionals involved in the case - law enforcement officers, mental health and child protective service workers and prosecutors - observe the interview via closed circuit television.
- By providing a one-stop place for child victims and their parents, a comfort level develops with the personnel and facility that allows clients to engage in the healing process.



# Services Available Through Care House

- **Information**

- What is "normal" child sexual behavior
- Prevention of child physical and sexual abuse
- Warning signs of child physical and sexual abuse
- System response to suspected child physical abuse

- **Crisis Intervention**

- Telephone or in-person with counselor

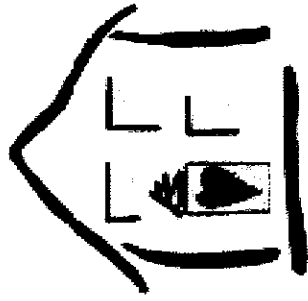
- **Investigations**

- Age appropriate joint forensic investigative interviews

- **Referrals to appropriate community agencies when needed**

- **Parent Support Groups**

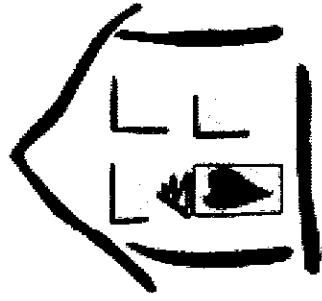
- **Self-Esteem Building Groups and Play Therapy for Children**



# Care House Services (Continued)

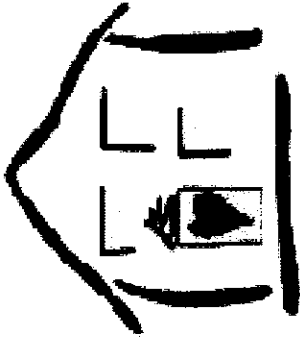
- **Prevention Services**

- Presentations to civic, church, and business groups on child abuse prevention and intervention services
- Training for teachers, church workers, mental health professionals, and parent groups on child abuse prevention, mandated reporting and intervention services
- Child abuse prevention plays for schools (helping children to distinguish between "good touch" and "bad touch" and how to identify an adult to confide in if a "bad touch" does occur)



# Facts About Care House

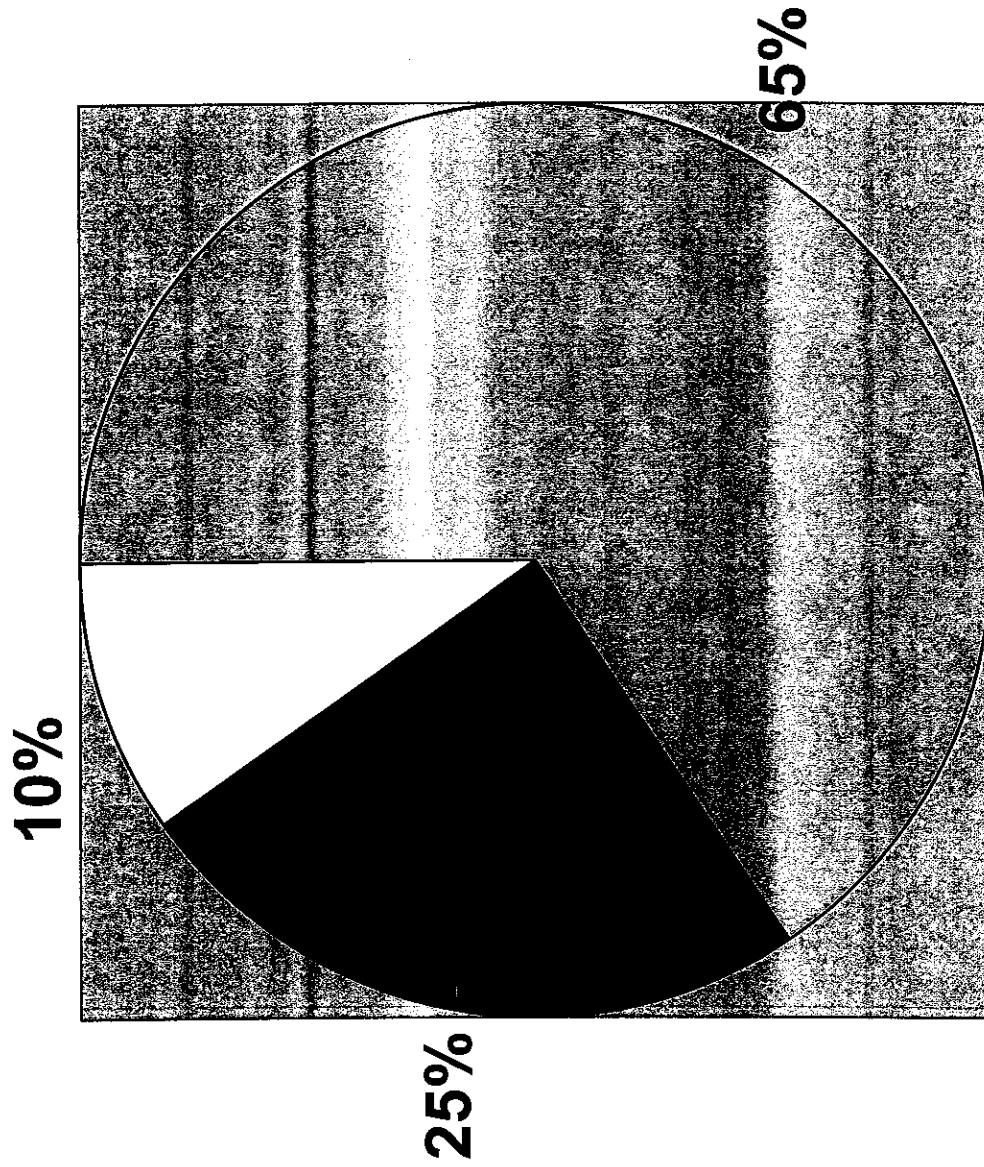
- Annually coordinates over 280 forensic interviews for child victims of sexual and/or physical abuse or for those that may have been a witness to violence. Since its opening in 1996, Care House has coordinated over 3,000 forensic interviews for child victims of alleged sexual abuse and provided services to over 5,000 families
- Utilizes a multidisciplinary team of professionals (including a Program Director, Forensic Interviewer, Two Counselors, an Assistant Prosecutor and Child Protective Services) working together to provide services to child victims of abuse
- Fully-Accredited member of the National Children's Alliance
- Designated Local Council for the Michigan Children's Trust Fund, providing child abuse prevention education in the community
- Guided by a 30 member Board of Directors, consisting of community, civic and business leaders



# Care House Funding Sources

- 1/3 Public Grants
  - Macomb County Board of Commissioners, Victims of Crime Act (VOCA), Michigan Children's Trust Fund (CTF), Community Development Block Grants (CDBGs) and National Children's Alliance (NCA)
- 1/3 Private Foundations (partial list)
  - Wal-Mart, Macy's, Target, Webber Foundation, McCoy Foundation, Comerica, MLC, Tamer Foundation, Health Plus of Michigan
- 1/3 Private Donations and Annual Fundraisers
  - Honorariums and Memoriams, Individual Donations and Corporate Donations
  - Various community fundraisers
  - Macomb County Bar Foundation "Christmas for Kids"
  - Fools for Kids fundraiser
  - Care House Annual Golf Classic

Care House Income Summary  
2006-2007

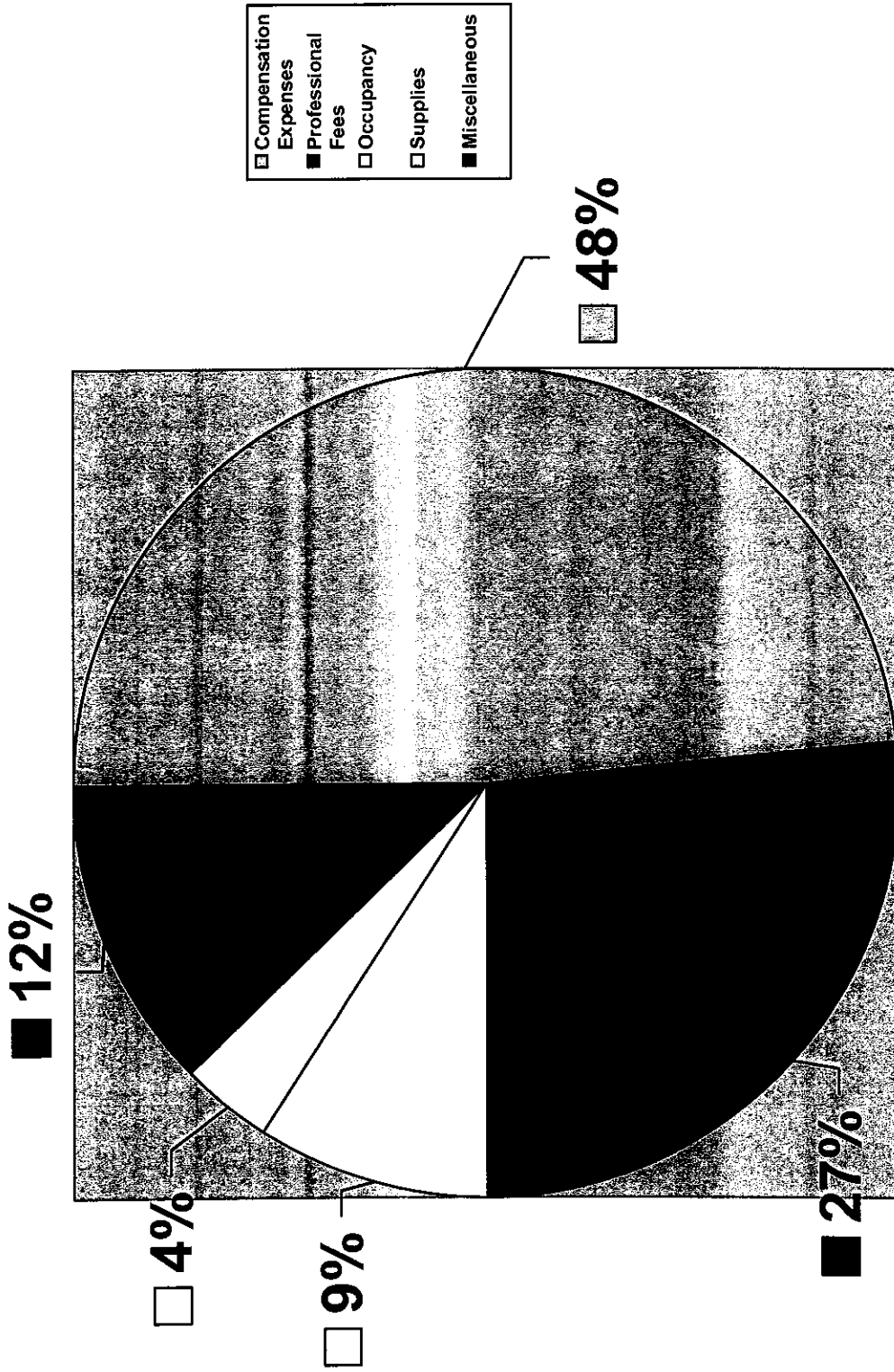


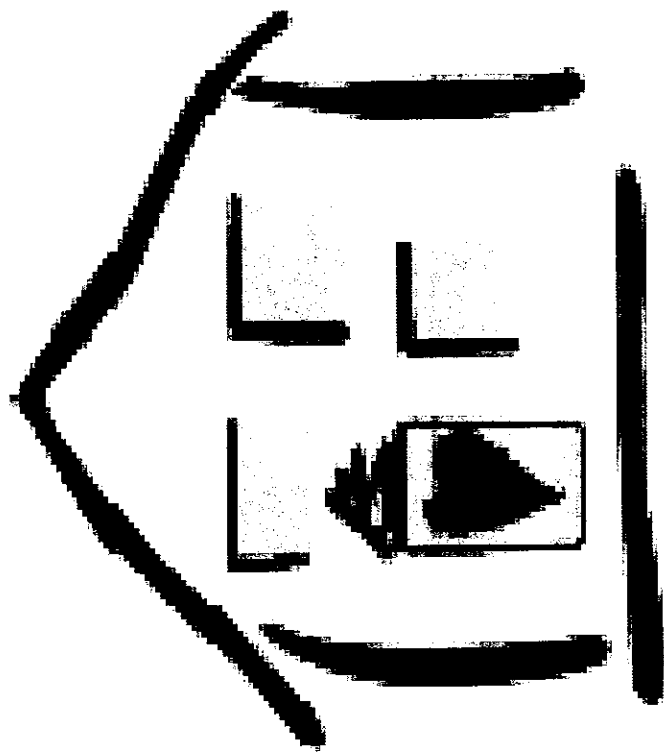
■ Grants  
■ Fundraising Revenue  
□ Donations

Total: \$592,000



Care House Income Summary  
2006-2007





Care House is located at  
131 Market Street  
Mount Clemens, Michigan 48043  
Phone: (586) 463-0123  
Fax: (586) 783-3515  
Email: [contact@mccarehouse.org](mailto:contact@mccarehouse.org)

Please visit us at [www.mccarehouse.org](http://www.mccarehouse.org)

# **RECYCLABLE PAPER**

RESOLUTION NO. \_\_\_\_\_

MEETING DATE:

AGENDA ITEM:

MACOMB COUNTY, MICHIGAN

RESOLUTION TO: Receive and file a report of the Macomb County Water Quality Board

INTRODUCED BY: Commissioner Philis DeSaele, Chairperson, Health Services Committee

A meeting of the Macomb County Water Quality Board was held on August 12, 2008. Agenda items included a discussion of the availability of rainfall data for water quality analysis. Work is going on regionally to develop a system for the compilation of such data and to provide access.

Representatives of Wayne State University discussed how water quality data can be used for research and the importance of real-time data. They indicated their interest in the data management system of the Drinking Water Monitoring Project. A resolution was passed indicating support of the concept of involvement of universities, but that a governance structure for the Drinking Water Monitoring Project must first be in place.

The Water Quality Board supported a resolution by Representatives Espinoza and Brown introduced into the State Legislature opposing the development of an underground nuclear repository in Ontario, Canada.

COMMITTEE/MEETING DATE

Health Services – September 11, 2008

\_\_\_\_\_  
\_\_\_\_\_

# **RECYCLABLE PAPER**

RESOLUTION NO. \_\_\_\_\_

FULL BOARD MEETING DATE: 9/25/08

AGENDA ITEM: \_\_\_\_\_

**MACOMB COUNTY, MICHIGAN**

**RESOLUTION TO receive and file the Status Report on the Prosecutor's Environmental Unit for August, 2008, as submitted by Luanne Laemmerman**

**INTRODUCED BY: Philis DeSaele, Chairman, Health Services Committee**

**COMMITTEE/MEETING DATE**  
**Health Services 9/11/08**

\_\_\_\_\_  
\_\_\_\_\_

## **PROSECUTOR'S ENVIRONMENTAL UNIT REPORT**

Submitted by Luanne Laemmerman

**August 2008**

### **CIVIL CASES:**

See table attached.

C.K. Corp v City of Centerline and Macomb County Health Department – working with counsel for Centerline and Corporate Counsel on defense strategy. Macomb County Circuit Court. Centerline and Corporation Counsel filed Motions for Summary Disposition on 8/25/08.

### **CRIMINAL CASES:**

People v Flansburgh – Defendant failed to pay third installment of restitution to Macomb County Lake/River Fund. MCPO sent letter to Defendant on 6/12/08 – no response. Court notified of Defendant's failure to pay restitution on 7/1/08.

People v Charles A. Karam – MDEQ/OCI referral. Failure to obtain seawall construction permit. Warrant authorized. Pretrial on 9/4/08, 42-2.

People v Patrick J. Marlow – MDEQ/OCI referral. Unauthorized construction of seawall and improper dredging during seawall construction. Warrant authorized. Pretrial on 9/4/08, 42-2.

People v Kenneth Lerash – MCHD referral. Violation of County Health Regulations for failure to correct septic system. Pretrial 9/4/08, 42-2.

People v Gerard R. Koval – MCHD referral. Violation of County Health Regulations for failure to correct septic system. Pretrial 9/3/08, 41B. Defendant accepted plea agreement to correct violation by 9/30/08 and \$200.00 restitution to the Lake and River Fund.

People v Daniel Williams – MASH/Marine Division referral. Water Pollution Violation and Dumping Oil from Boat. Warrant authorized. Pre-exam 8/14/08 adjourned for discovery. Preliminary Exam rescheduled to 9/15/08, 42-2.

People v Scott A. Burnett – MASH referral. Knowing Release of Hazardous Substance, General violation of Liquid Industrial Waste and Improper Disposal of Used Oil. Warrant authorized – awaiting court date. 41B.

### **MEETINGS ATTENDED ON BEHALF OF COUNTY:**

8/12/08 – Water Quality Board

**Monthly Narrative:** Prepared for court proceedings on new environmental cases. Continued work with MCHD to determine status of all outstanding SWIM team cases and developed actions for appropriate personnel. Continued assistance to Sheriff's Department/Marine Division regarding enforcement of barge and sunken vessel removal. Continued work with Sheriff's Department regarding gasoline spill in preparation for warrant authorization request. Presented issues from phosphorus workshop to Water Quality Board. Continued coverage at District Court/general criminal docket.

**Future Plan:** Continue enforcement of outstanding SWIM team cases. Continue to explore ways to facilitate transfer of cases to Environmental Prosecutor. Continue to pursue designation as Special Asst. Attorney General with AG's office. Personally meet with Macomb County police chiefs to encourage environmental awareness and enforcement. Meet with City/Township Attorneys to coordinate enforcement and promotion of environmental cases. Participate in educational programs to facilitate healthy lawn care. Continue research into appropriate agency authority over barges on LSC. Participate with fire department arson training regarding environmental crimes awareness.



# Macomb County Health Dept/EHS Open Cases

09/03/08

Date Referred to Prosecutor	Civil Division/ Street	Violation	Referral Source	Issue/Status
3/28/05	Clinton Twp/ Cass Avenue	Section 3.1 & 3.4 Sewage Code	MCHD SWIM Team	Sanitary waste plumbed to storm drain discovered 1/03 through dye test. Complaint filed 12/05. Order of Consent Judgment issued 12/19/05. No compliance with Order. Letter to owner on 10/30/07 to pursue proper connection in order to avoid enforcement of Consent Order. Second letter to owner on 11/26 to contact Clinton Twp Water & Sewer Dept by 12/7 to avoid enforcement. Owner contacted Clinton Twp as directed. MCPO contacted by owner's attorney. Owner and/or attorney unresponsive. <b>MCHD verifying alternative corrective action for property.</b>
12/28/05	Fraser/ 14 Mile Rd	Section 3.1 & 3.4 Sewage Code	MCHD SWIM Team	Failing septic system. Complaint filed 9/1/06. Order to show cause 9/25/06 – no show. Bench warrant 9/06. Case dismissed by A. Jacklyn 6/13/07 - defendant allegedly complied with sewer connection/started work. MCHD confirmed that connection not made as of 10/24/07. House sold on 12/19/06 - no POS conducted because purchased through foreclosure. 30-day letter sent to new owner on 12/26/07; no compliance, formal citation sent by MCHD on 3/5/08. Enforcement letter sent 4/25/08, correction by 6/15/08; owner currently getting repair estimates; <b>owner trying to get permission to tie into neighboring sanitary lines. MCPO in contact with City of Fraser for options.</b>
2/15/06	Clinton Twp/ Elmway Rd	Section 3.1 & 3.4 Sewage Code	MCHD SWIM Team	Illicit connection. Property transferred to new owner who paid sewer tap and frontage fees. Enforcement letters sent to property owner. Connection to sanitary sewer allegedly begun as of 7/2/07 according to A. Jacklyn. Certificate of occupancy to be withheld until home is connected to sanitary sewer. <b>No action until owner applies for Certificate of Occupancy from Building Dept.</b>
7/15/04	Lenox Twp/ 31 Mile Rd	Section 3.1 & 3.4 Sewage Code	MCHD SWIM Team	Failing septic; citation 7/05; Consent Order 1/06 – repair to be complete by 6/06; no compliance; owner trying to get loan. Message left for owner to call Environmental Prosecutor on 10/31/07. No action by owner to date. Correspondence sent to owner on 1/8/08 to meet with MCHD and MCPO by 1/31/08 to develop schedule of compliance or enforce consent order. Agreement made on 1/24/08 with owner to complete repairs by 6/15/08 and to minimize water usage. Final enforcement letter sent by MCPO on 6/3/08 due to lack of cooperation. MCPO authorizing warrant. <b>See Criminal Cases.</b>
3/07	Clinton Twp/ Little Rd	Section 3.1 & 3.4 Sewage Code	MCHD SWIM Team	Malfunctioning septic system found 4/06. Citation 6/06. Hazard Abatement Affidavit necessary due to site conditions. Owner failed to pursue final permitting. Letter sent from MCPO to owner on 3/9/07 – no compliance. Correspondence sent to owner on 1/7/08 to meet with MCHD and MCPO regarding options. Agreement made on 1/24/08 with Owner to complete repairs by 6/15/08 and to minimize water usage. Correspondence to owner on 4/18/08 re: failure to comply with agreement – file civil or criminal complaint if no cooperation. MCPO authorizing warrant. <b>See Criminal Cases.</b>
	Chesterfield Twp/ Fairchild	Section 3.1 & 3.4 Sewage Code	MCHD SWIM Team	MCPO to manage file – house currently unoccupied; <b>bank informed of standing violation.</b>
8/14/07	Lenox	Section 3.1 & 3.4 Sewage Code	MCHD SWIM Team	Failing septic; wastewater is discharging to the roadside ditch. Owner has not responded to letters regarding alternate septic installation locations. Enforcement letter sent 8/23/07. MCHD confirmed that home owned by the bank; no active discharge; <b>MCHD sent notification letter to bank of standing violation on 12/21/07.</b>
4/15/08	Warren/Van Dyke	Section 3.1 Sewage Code	MCHD SWIM Team	Discharge of sewage to storm drain; Notice of Violation from Warren 12/4/06; MCHD citation sent 3/7/08; no response from owner; letter from MCPO ordering correction by 6/9/08; Cease and Desist Order by City of Warren on 5/9/08 – returned undeliverable; owner verbally warned by MCPO on 7/8/08 to proceed with correction within one week or face escalation of enforcement. Water turned off by City of Warren on 7/17/08. <b>Owner met with City of Warren to discuss repair options on 8/15/08.</b>

# Macomb County Health Dept/EHS Open Cases

09/03/08

Date Referred to Prosecutor	Civil Division/ Street	Violation	Referral Source	Issue/Status
4/1/08	Warren/ Mound	Section 3.1 Sewage Code	MCHD SWIM Team	Discharge of sewage to storm drain; citation sent 11/13/07; no response from owner; letter from MCPO ordering correction by 6/9/08; Cease and Desist Order by City of Warren on 5/9/08; contract is in place for repairs – start date of 7/22/08. Start date changed to 7/29/08. <b>Repairs complete 8/6/08.</b>
5/29/08	Harrison Twp/ Pineridge	undetermined	MCHD SWIM Team	Complaint received by MCHD 4/08; dye test attempted 4/08; three letters requesting access to dye test sent 4/08-5/08; case referred to MCPO; letter to owner from MCPO directing contact with MCHD to schedule inspection 6/08; owner complied 6/08. <b>Inspection complete - No violation.</b>
7/2/08	Shelby Twp/ Barclay	undetermined	MCHD SWIM Team	Complaint received by MCHD 5/08; dye test attempted 5/08 – no entry granted; two letters requesting access to dye test sent 5/08-6/08; case referred to MCPO 7/08. Letter sent 7/16/08 to schedule inspection by 7/23/08 or search warrant will be served. <b>MCPO spoke to owner – house vacant since 6/2/08. No violation. MCHD to notify bank.</b>
7/2/08	Lenox Twp/ Gratiot	Section 3.1, 3.4 & 3.6 Sewage Code	MCHD SWIM Team	Complaint received by MCHD 8/07; dye test confirmed illicit discharge 9/07; two violation letters sent by MCHD 9/07-11/07; order to connect to sanitary sewer sent by MCHD 1/08; Citation issued for lack of compliance 3/08; various contact with property owner 3/08-6/08; no progress on connection as of 6/08; case sent to MCPO 7/08. Letter to owner sent on 7/16/08 ordering connection by 8/15/08. <b>Extension granted – owner petitioning to get property re assessed. MCPO monitoring progress.</b>

Key: bold text indicates latest activity.

# **RECYCLABLE PAPER**

RESOLUTION NO. \_\_\_\_\_

MEETING DATE: \_\_\_\_\_

AGENDA ITEM: \_\_\_\_\_

MACOMB COUNTY, MICHIGAN

RESOLUTION TO: Receive and file the Surface Water Improvement and Monitoring (SWIM) Team report for July 2008.

INTRODUCED BY: Commissioner Philis DeSaele, Chairperson, Health Services Committee

The July 2008 Surface Water Improvement and Monitoring (SWIM) Team report summarizes surface water monitoring, bathing beach monitoring, investigatory and educational activities of the SWIM Team for the month of July 2008.

COMMITTEE/MEETING DATE

Health Services – September 11, 2008

\_\_\_\_\_  
\_\_\_\_\_

**MACOMB COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES DIVISION  
SURFACE WATER IMPROVEMENT AND MONITORING "SWIM" TEAM  
MONTHLY REPORT JULY 2008**

**Mission:** Monitoring, educational, investigatory and enforcement activities toward achieving the goal of all Macomb County surface waters being in compliance with full body contact standards.

**Surface Water Monitoring:** 61 sampling locations were monitored this month for *E. coli* indicator bacteria. The monitoring for July 2008 indicates that 59% of the sampling locations show improvement over the historical July data. See the attached data summary.

**Bathing Beach Monitoring:** Monitoring for the 2008-bathing season resumed April 16, 2008 for Blossom Heath Beach and Memorial Park Beach in St. Clair Shores, Metropolitan Beach in Harrison Township, New Baltimore Beach in New Baltimore and the two inland beaches at Stony Creek Metropark in Washington Township. Beaches are monitored twice weekly for compliance with the Total Body Contact Standards contained in Part 125 of the Michigan Public Health Code (P.A. 368, 1978).

**Monitoring for the Month of July 2008** (Beaches officially opened Memorial Weekend)

( ) No Closures at any Beaches.

(X) Closures at the following Beaches:

	<u>Days Closed</u>	<u>Yearly Total</u>
(X) New Baltimore Park	1	1
(X) Metro Beach Metro Park	1	1
(X) SCS Memorial Park	31	51
(X) SCS Blossom Heath Park	10	25
(X) Stony Creek Baypoint	2	2
(X) Stony Creek Eastwood	1	1

**SWIM Team Investigations:**

	<u>July 2008</u>	<u>Year-To-Date</u>
Investigations Initiated	34	108
Cases Referred to Prosecutors Office	2	10
Investigations Resolved	31	87
Open Cases Year to Date: 2008	21	
Open Cases from 2007	13	
Open Cases from 2006	8	
Open Cases from 2005	6	
Open Cases from 2004	4	
Open Cases from 2003	4	
Open Cases from 2002	0	
Open Cases from 2001	1	

\*Investigations are initiated by citizen complaint, municipal referral or as an outcome of water quality monitoring results.

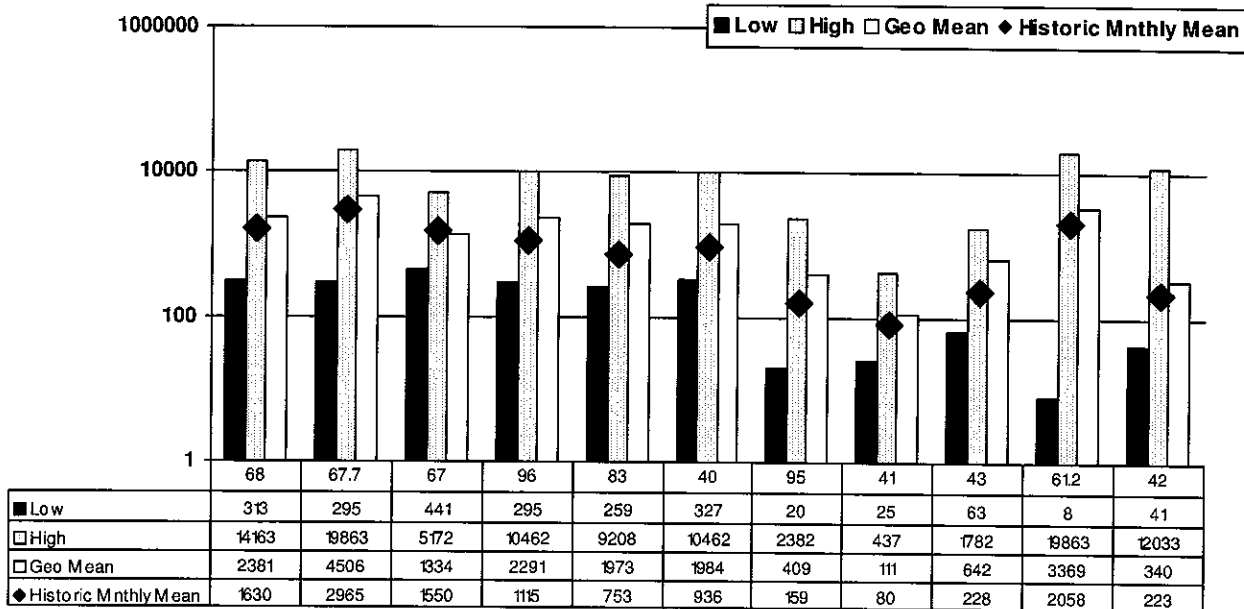
**MACOMB COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES DIVISION  
SURFACE WATER IMPROVEMENT AND MONITORING  
"SWIM" TEAM  
MONTHLY REPORT FOR JULY 2008**

**SWIM TEAM INVESTIGATIONS**

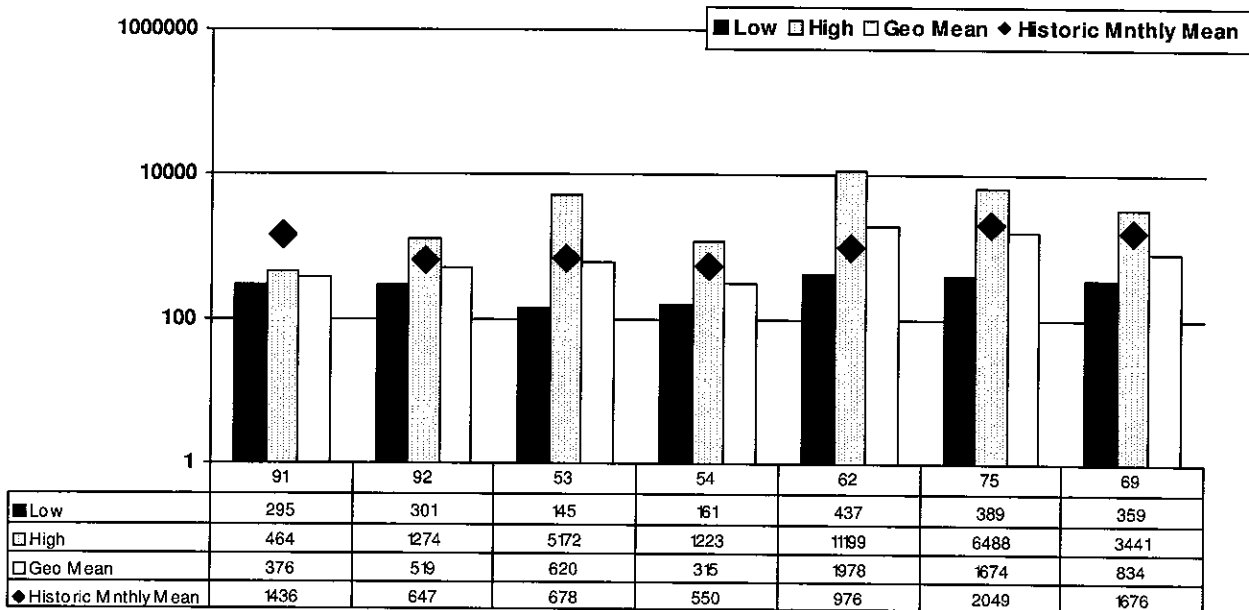
<u>Municipality</u>	<u>Jul-08 Investigations Initiated</u>	<u>Jul-08 Year To Date</u>
Armada TWP	0	0
Armada Village	0	1
Bruce	0	0
Center Line	0	0
Chesterfield	0	1
Clinton	3	14
Eastpointe	0	0
Fraser	0	0
Harrison	21	49
Lenox	0	1
Macomb	1	1
Memphis	0	0
Mt. Clemens	0	0
New Baltimore	1	1
New Haven	0	1
Ray	0	1
Richmond TWP	0	1
Richmond City	0	0
Romeo	0	1
Roseville	0	1
St. Clair Shores	2	2
Shelby	1	24
Sterling Heights	2	4
Utica	0	1
Warren	3	4
Washington	0	0
<b>Total #</b>	<b>34</b>	<b>74</b>

**Macomb County Health Department  
Environmental Health Services Division  
Monthly Compare Results  
7/1/2008 -7/31/2008**

**Clinton River Main Branch Watershed-EAST**

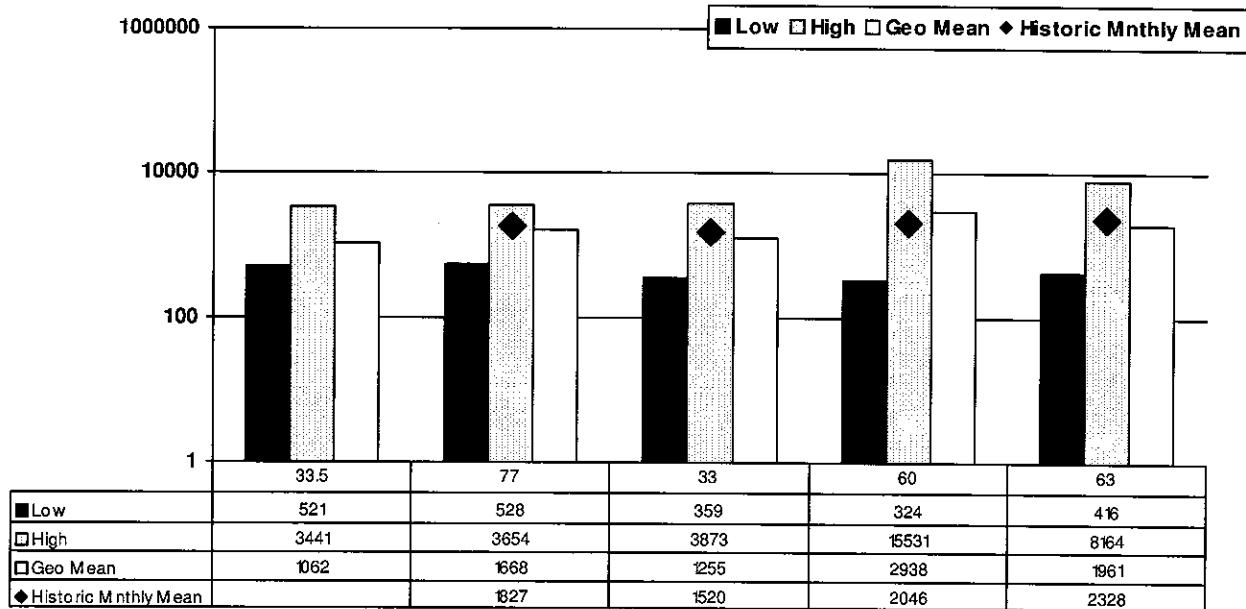


**Clinton River Main Branch Watershed-WEST**

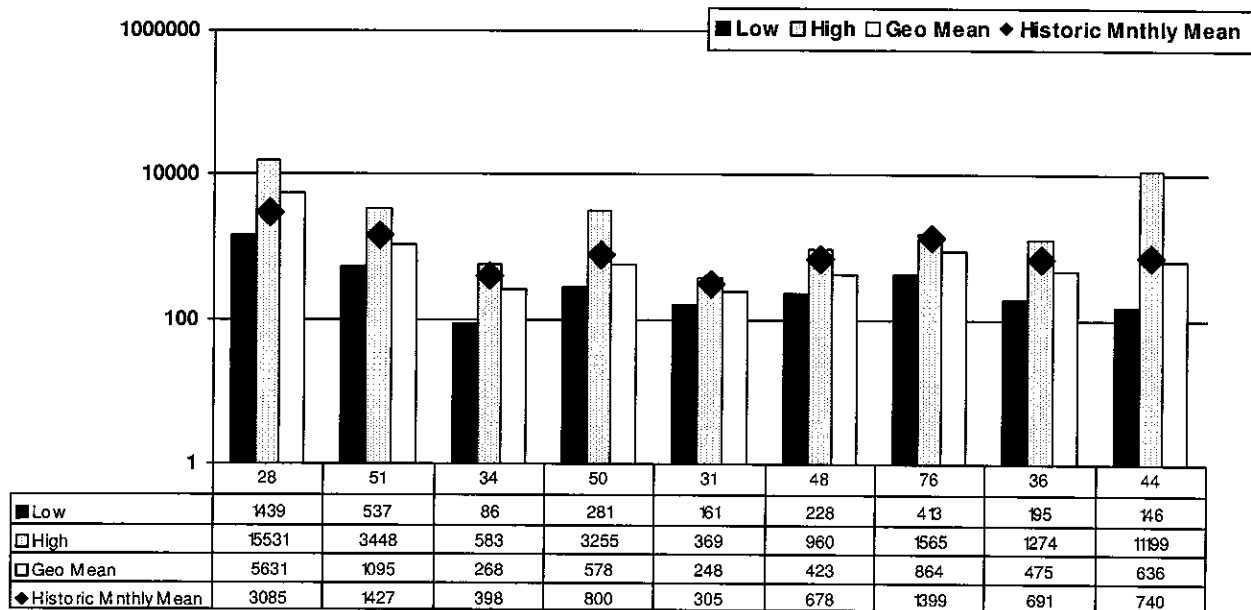


**Macomb County Health Department  
Environmental Health Services Division  
Monthly Compare Results  
7/1/2008 - 7/31/2008**

**Clinton River Middle Branch Watershed**



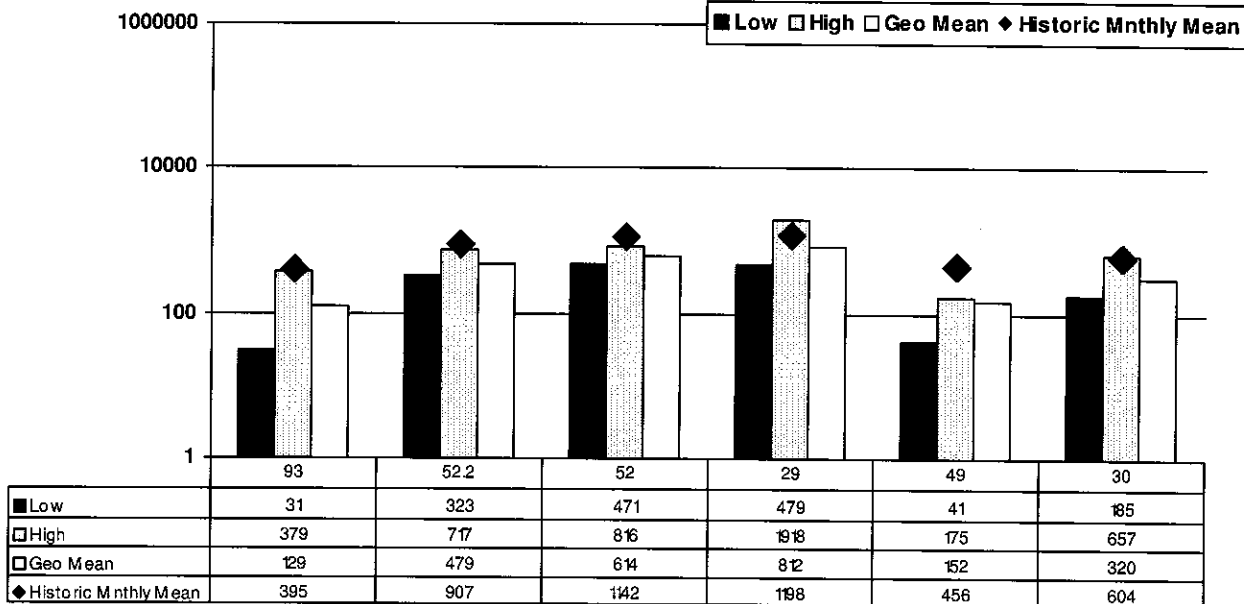
**Clinton River North Branch Watershed-EAST**



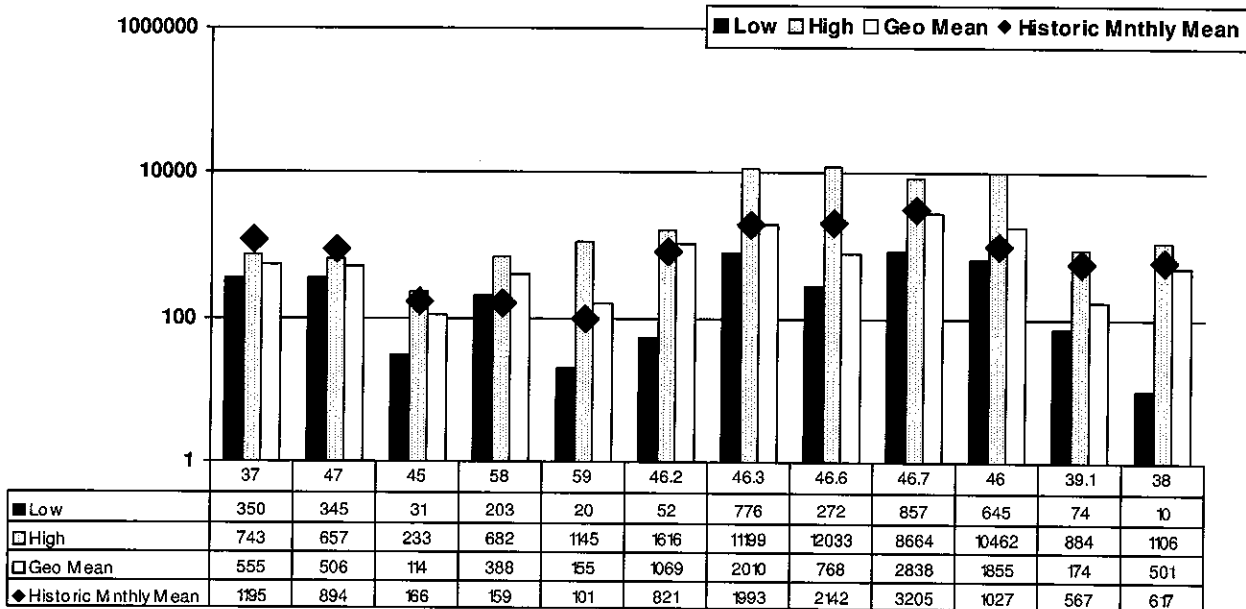


**Macomb County Health Department  
Environmental Health Services Division  
Monthly Compare Results  
7/1/2008 - 7/31/2008**

**Clinton River North Branch Watershed-WEST**

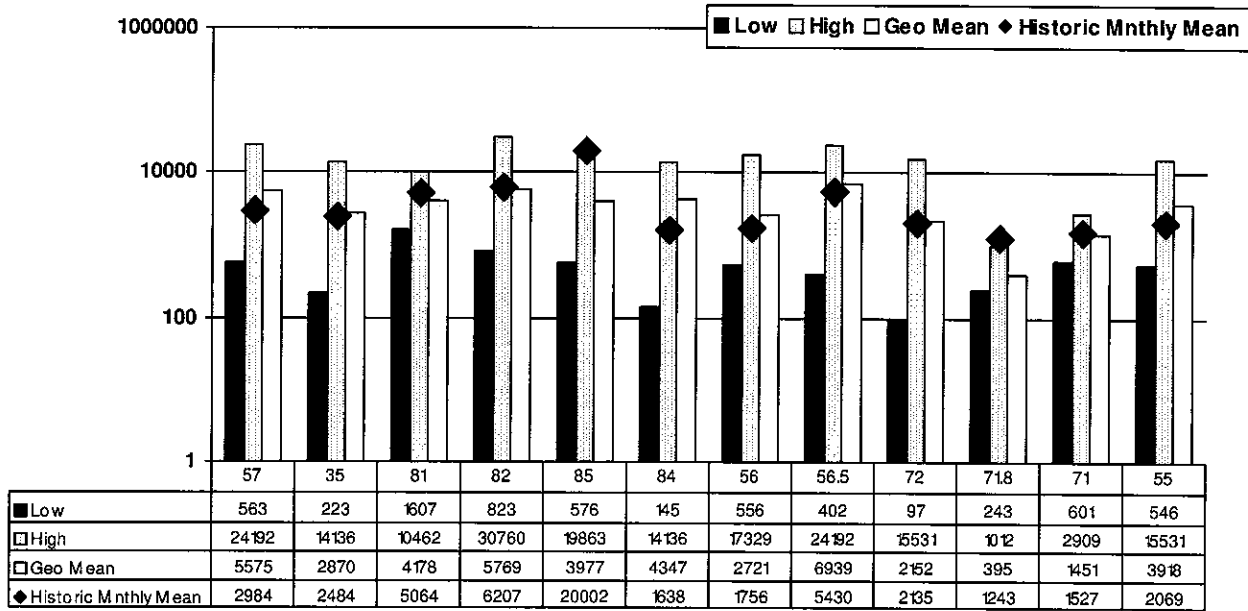


**Other: Salt River, Milk River, Crapauo Creek**



**Macomb County Health Department  
Environmental Health Services Division  
Monthly Compare Results  
7/1/2008 -7/31/2008**

**Red Run Drain/Bear Creek Watershed**



**5 HIGHEST *E. COLI* SURFACE WATER SAMPLING SITES**  
**(July, 2008)**

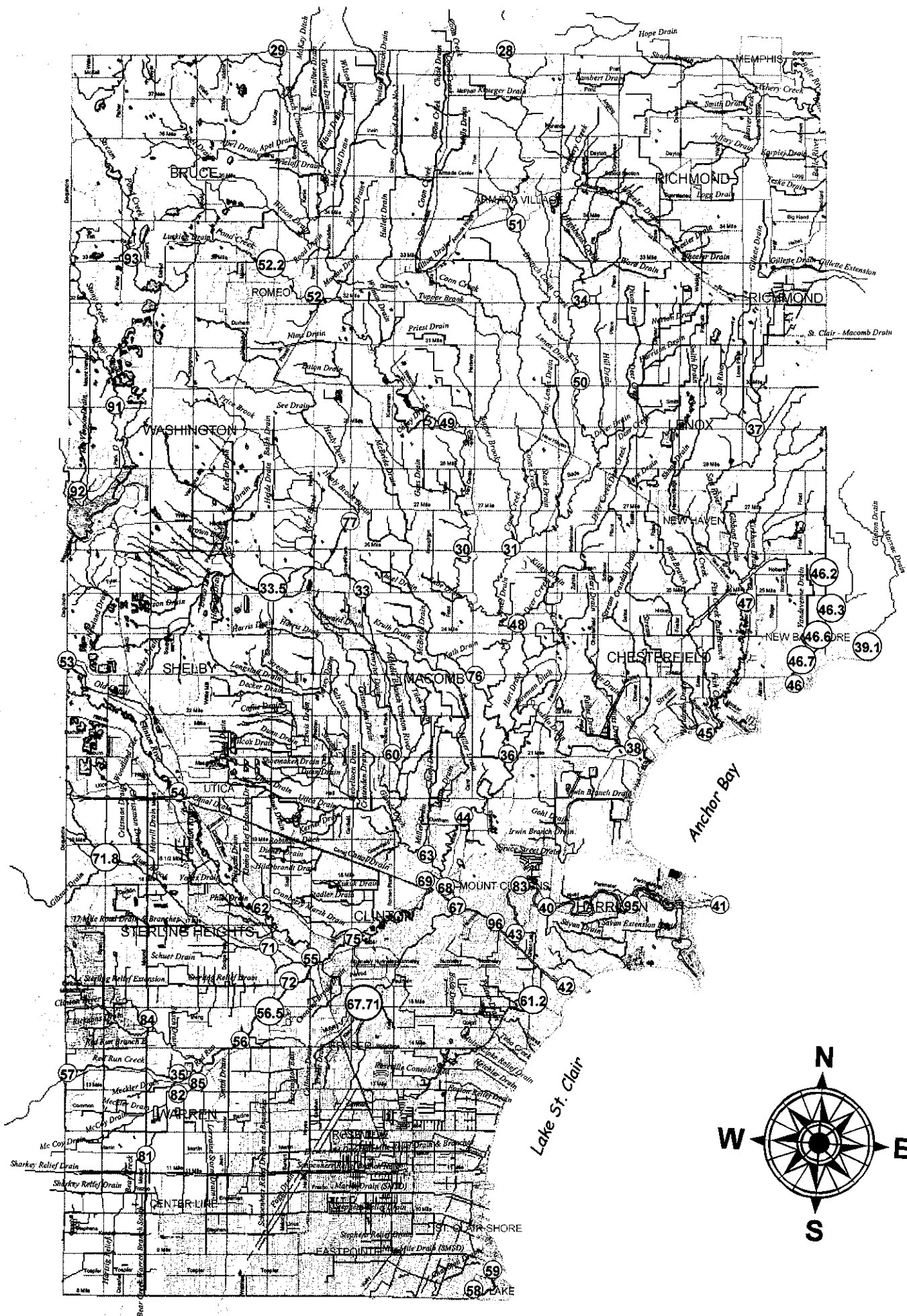
Sample #		Location	<i>E. coli</i> /100 mL (Geo Mean)
1	56.5	Schoenherr Relief Drain at Red Run	6,939
2	82	Bear Creek at Old 13 Mile Road	5,769
3	28	East Branch Coon Creek at Bordman Road	5,631
4	57	Red Run at Dequindre	5,575
5	67.71	Sweeney Drain at 15 Mile Road	4,506

**MACOMB COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES DIVISION  
SURFACE WATER IMPROVEMENT AND MONITORING "SWIM" TEAM  
SURFACE WATER SAMPLING SITES**

<b>Sample #</b>	<b>Location</b>
<b>Clinton River Main Branch Watershed - EAST</b>	
68	Clinton River at Moravian Road Bridge
67.71	Sweeney Drain at 15 Mile Road
67	Harrington Drain at Harrington Road
96	Clinton River Spillway at Shadyside Park Bridge
83	Clinton River at Mt. Clemens YMCA Dock
40	Clinton River at I-94
95	Clinton River at Albatross Docks
41	Clinton River at DNR Site
43	Clinton River Spillway at the Weir
61.2	Clinton-Harrison Relief Drain at Shook Road
42	Clinton River Spillway at Jefferson Avenue
<b>Clinton River Main Branch Watershed - WEST</b>	
91	Stony Creek at Inwood Road
92	Stony Creek West Branch at Stony Creek Road
53	Clinton River at Dequindre Road
54	Clinton River at Auburn Road
62	Clinton River at Kleino Road
75	Clinton River at Garfield Road
69	Canal Drain at Clinton River Road
<b>Clinton River Middle Branch Watershed</b>	
33.5	Middle Branch Clinton River at Schoenherr Road
77	Healy Brook Drain at Romeo Plank Road
33	Middle Branch Clinton River at 25 Mile Road
60	Middle Branch Clinton River at 21 Mile Road
63	Middle Branch Clinton River at Heydenreich Road
<b>Clinton River North Branch Watershed - EAST</b>	
51	East Branch Coon Creek at North Avenue
34	Highbank Drain at 32 Mile Road
50	East Branch Coon Creek at 30 Mile Road
31	East Branch Coon Creek at 26 Mile Road
48	Deer Creek at North Avenue
76	McBride Drain at Card Road
36	North Branch Clinton River at 21 Mile Road
44	North Branch Clinton River at Little Street
28	East Branch Coon Creek at Boardman Road
<b>Clinton River North Branch Watershed - WEST</b>	
93	East Pond Creek at 33 Mile Road
52.2	East Pond Creek at M-53
52	East Pond Creek at Powell Street
29	North Branch Clinton River at Boardman Road
49	North Branch Clinton River at 29 Mile Road
30	North Branch Clinton River at 26 Mile Road

**MACOMB COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES DIVISION  
SURFACE WATER IMPROVEMENT AND MONITORING "SWIM" TEAM  
SURFACE WATER SAMPLING SITES**

<b>Sample #</b>	<b>Location</b>
<b>Other: Salt River, Milk River, Crapeau Creek</b>	
<b>37</b>	Salt River at 29 Mile Road
<b>47</b>	Salt River at Washington Street
<b>45</b>	Salt River at Jefferson Avenue
<b>58</b>	Milk River at Alger Street
<b>59</b>	Milk River at Clairwood Street
<b>46.2</b>	County Line Road Drainage Ditch at Hobarth Road
<b>46.3</b>	Crapeau Creek at County Line Road
<b>46.6</b>	Vanderbenne Drain at Fox Point Street
<b>46.7</b>	Crapeau Creek at Ashley Street
<b>46</b>	Crapeau Creek at Main Street
<b>39.1</b>	Marsac Drain at M-29
<b>38</b>	River Voss at Jefferson Avenue
<b>Red Run Drain/Bear Creek Watershed</b>	
<b>57</b>	Red Run Drain at Dequindre Road
<b>35</b>	Red Run Drain at Van Dyke Avenue
<b>81</b>	Bear Creek at Mound Road
<b>82</b>	Bear Creek at Old 13 Mile Road
<b>85</b>	Lorraine Drain at Bear Creek
<b>84</b>	Beaver Creek at Mound Road
<b>56</b>	Red Run Drain at 14 Mile Road
<b>56.5</b>	Schoenherr Relief Drain at Red Run Drain
<b>72</b>	Sterling Relief Drain behind Freedom Hill Park
<b>71.8</b>	Plumbrook Drain at Ryan Road
<b>71</b>	Plumbrook Drain at Schoenherr Road
<b>55</b>	Red Run Drain at Utica Road



# **RECYCLABLE PAPER**

RESOLUTION NO. \_\_\_\_\_

MEETING DATE: \_\_\_\_\_

AGENDA ITEM: \_\_\_\_\_

MACOMB COUNTY, MICHIGAN

RESOLUTION TO: Authorize the Health Department to accept a Michigan Energy Efficiency grant in the amount of \$314,063 for the purchase and free distribution of new compact fluorescent lights (CFLs) and the collection of spent CFLs.

INTRODUCED BY: Commissioner Philis DeSaele, Chairperson, Health Services Committee

The Macomb County Health Department requests authorization to accept a grant for \$314,063 from the Michigan Department of Labor and Economic Growth for the purchase and free distribution of new CFLs and the collection of spent CFLs. For this grant we will be partnering with a retailer with the goal of introducing CFLs into 50% of Macomb County households.

COMMITTEE/MEETING DATE

Health Services – September 11, 2008

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Jennifer M. Granholm  
GOVERNOR

STATE OF MICHIGAN  
**PUBLIC SERVICE COMMISSION**  
DEPARTMENT OF LABOR & ECONOMIC GROWTH  
KEITH W. COOLEY  
DIRECTOR

Orjiakor N. Isiogu  
CHAIRMAN

Monica Martinez  
COMMISSIONER

Steven A. Transeth  
COMMISSIONER

August 28, 2008

*Please Read Carefully*

Mr. Gary White, Director-Environmental Health  
Macomb County Health Department  
43525 Elizabeth Road  
Mt. Clemens, MI 48043

**Re: Award Notification - Grant No. PSC-09-17**

Dear Mr. White:

The Michigan Public Service Commission is pleased to inform you that your organization has been selected to receive a 2009 Michigan Energy Efficiency Grant totaling \$314,063 to be completed by October 31, 2010.

1. Acceptance of this award will require that you provide me with a revised proposal by electronic mail ([harlowj@michigan.gov](mailto:harlowj@michigan.gov)) no later than 5:00 p.m. on September 12, 2008.
2. The revised proposal must follow the specifications defined in the Request for Proposal (RFP) dated April 10, 2008. The RFP is available on-line at [www.michigan.gov/lieefund](http://www.michigan.gov/lieefund). Please use the format and order of information identified in the RFP when finalizing proposals for resubmission:
  - a. When responding to **Part V Information Required from Applicant**, state each section number and title identified in the RFP before the response in your organization's revised proposal.
  - b. Be as descriptive as possible for each component, and answer the question in its entirety, as some have multiple components.
  - c. Any questions that do not apply should be identified by section number and title, and then answered "N/A".
  - d. A revised budget page is required, and should follow the format identified in Appendix A of the RFP.

- e. A budget narrative is required that identifies the line item number and provides a detailed description for each item; including individual component prices and descriptions.
3. Executive Directive 2003-3 prohibits the use of no-bid contracts. If applicable, please refer to section **II-I Competitive Bidding** and also page 26, letter (h) in the RFP for information regarding contractual relationships and how to maintain compliance with State of Michigan directives.
4. Pursuant to the Commission Order dated August 26, 2008, the proportion of funds for direct assistance to indirect costs and overhead must remain the same as in the original proposal if awarded amount differs from the requested amount. New line items to the revised budget are not allowed.
5. To expedite the review and negotiations of the revised proposal, it is highly recommended that the designated "Contact Person" be available to answer any questions or to provide any additional documentation requested by the Grant Administrator. Lack of availability to communicate with the Grant Administrator may impede the processing of the grant and delay the distribution of funds to your organization.
6. Acceptance of this award will require that your organization register as a vendor with the State of Michigan and submit a W-9 form. You may contact vendor services at 1-888-734-9749 or register on-line at [www.michigan.gov/cpexpress](http://www.michigan.gov/cpexpress). Note: electronic funds transfer (EFT) is mandatory for all state vendors.
7. This grant is contingent on review and approval by the State Administrative Board.
8. Upon receipt of a fully executed Grant Contract Agreement, a current financial status report form (C-108) will be provided to you electronically with instruction for completing the form.
9. Press Releases are not to be issued until after the Grant Contract Agreement has been signed and must have prior approval from, and be coordinated with, the Michigan Public Service Commission.

Mr. Gary White  
August 28, 2008  
Page 3

If you have any questions, please contact me at (517) 241-8793. Your participation in the Michigan Energy Efficiency Grant is appreciated. I look forward to receiving your revised proposal and working with you in the months to come.

Very truly yours,

Jesse Harlow, Grant Administrator  
Energy Grants Section

# **RECYCLABLE PAPER**

RESOLUTION NO. \_\_\_\_\_

MEETING DATE: \_\_\_\_\_

AGENDA ITEM: \_\_\_\_\_

MACOMB COUNTY, MICHIGAN

RESOLUTION TO: Receive and file a report from the Health Department on implementation of the 2008-09 Flu Program

INTRODUCED BY: Commissioner Philis DeSaele, Chairperson, Health Services Committee

In February the Board approved the Health Department's plan to provide flu vaccine to County residents during the 2008-09 flu season. A representative from the Health Department will update the Board on the current status of the plan and how it will be implemented.

Health Services --- September 11, 2008

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# **RECYCLABLE PAPER**

RESOLUTION NO. \_\_\_\_\_

MEETING DATE: \_\_\_\_\_

AGENDA ITEM: \_\_\_\_\_

MACOMB COUNTY, MICHIGAN

RESOLUTION TO: Receive and file a progress report from Macomb County Animal Shelter

INTRODUCED BY: Commissioner Philis DeSaele, Chairperson, Health Services Committee

The latest activities at the Macomb County Animal Shelter will be discussed.

Health Services -September 11, 2008

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